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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPlicate NOV 17 2008

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-07544 ✓	
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓	
6 State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit ✓ Section 33	
8 Well No	131 ✓
9. OGRID No	157984 ✓
10 Pool name or Wildcat	Hobbs (G/SA) ✓

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals)			
1 Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>			
2 Name of Operator Occidental Permian Ltd. ✓			
3 Address of Operator 4008 N. Grimes PMB-269, Hobbs, NM 88240			
4. Well Location Unit Letter <u>E</u> 2310 Feet From The <u>North</u> 330 Feet From The <u>West</u> Line ✓ Section 33 Township 18-S Range 38-E NMPM Lea County			
11 Elevation (Show whether DF, RKB, RT GR, etc.) 3635' DF			
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____			

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <u>Plug back/acid treat</u> <input checked="" type="checkbox"/>		OTHER _____ <input type="checkbox"/>	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- Kill well, pull production equipment
- Clean out to 4343 PBTD
- Set CIBP @ 4187 & test if possible
- Run Packer, set at 4000
Pump 500g 15% HCL P.A.D.; pump 500# Gelled rock Salt block; Pump 1000g PAD acid; flush w/ 50 bbls fresh water
- Pump scale squeeze
- Run production equipment

I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certify that any pit or below-grade tank has been/will be constructed or

closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Rebecca L. Larmon TITLE Administrative Associate DATE 11-12-08
TYPE OR PRINT NAME Rebecca L. Larmon E-mail address: rebecca_larmon@oxy.com TELEPHONE NO 575-397-8247

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APPROVED BY Tony M. Hill TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008

CONDITIONS OF APPROVAL IF ANY