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State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I NOV 17 2008  
1625 N French Dr., Hobbs, NM 88240

DISTRICT II  
1301 W. Grand Ave., Aztec, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-07593	✓
5 Indicate Type of Lease	STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
6 State Oil & Gas Lease No		
7 Lease Name or Unit Agreement Name	South Hobbs (G/SA) Unit Section 3 ✓	
8. Well No.	47	✓
9. OGRID.No.	157984	
10. Pool name or Wildcat	Hobbs (G/SA)	✓

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>
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>K</u> <u>1980'</u> Feet From The <u>South</u> <u>1980'</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3607' GL	
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			
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>		
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>Return Well to Injection</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.
1. Kill Well
  2. MIRU PU. NU BOP. POOH w/ packer & injection tbg.
  3. RIH with 3-7/8", clean out to 4243'
  4. Obtain static bottomhole pressure reading
  5. RU SWS, run CNL/GR/CCL lot from TD to ±3300
  7. RIH w/ 4-1/2", RBP @ 4130', packer @ 4010'
  8. Pressure test Grayburg & zone 1 perts to 500 psig, circulate clean, POOH
  9. Dump 10' cmt to plug back to NEW PBDT @ 4233', tag cmt, circulate clean, POOH
  10. Prepare to perforate. RU wireline. Will evaluate perf potential from new CNL. NOTE: will design Block AT once New Perfs are Picked
  11. RIH w/ injection equipment
  12. RDPU Return well to injection.

closed according to NMOCD guidelines <input type="checkbox"/>	, a general permit <input type="checkbox"/>	or an (attached) alternative OCD-approved plan <input type="checkbox"/>
SIGNATURE <u>Rebecca L. Larmon</u>	TITLE <u>Administrative Associate</u>	DATE <u>11-7-08</u>
TYPE OR PRINT NAME <u>Rebecca L. Larmon</u>	E-mail address: <u>Rebecca_larmon@oxy.com</u>	TELEPHONE NO <u>575-397-8247</u>

For State Use Only	<b>OCD DISTRICT SUPERVISOR/GENERAL MANAGER</b>	
APPROVED BY <u>Tony D. Hill</u>	TITLE _____	DATE <u>NOV 20 2008</u>
CONDITIONS OF APPROVAL IF ANY:		