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State of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr. Hobbs, NM 882401220 South St. Francis Dr.
Santa Fe, NM 87505DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO 30-025-07669 ✓	
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 South Hobbs (G/SA) Unit ✓ Section 9	
8. Well No.	64 ✓
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u> Temporarily Abandoned	
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>B</u> <u>660</u> Feet From The <u>North</u> <u>1980</u> Feet From The <u>East</u> Line ✓ Section <u>9</u> Township <u>19-S</u> Range <u>38-East</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc) 3606' KB	
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER <u>Return well to injection</u> <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input 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, MIRU PU. NU BOP.
 - RIH w/ 3-7/8", drill out CIBP & cmt PB @ 4186', continue to clean out to 4235'. Circulate clean, POOH
 - Plug back w/ sand/gravel to 4230'
 - RIH w/ 4-1/2 CICR, set retainer @ 4150', establish injection rate into perfs
 - Squeeze all Zone 3 perfs from 4165-4221' w/ cmt
 - RIH w/ 3-7/8", drill out cmt & retainer to 4214', circulate clean
 - RIH w/ 4 1/2" casing, perforate at following depths: 4130-37 2 JSPF; 4166-70' 1 JSPF; 4176-80' 2 JSPF; 4183-87' 2 JSPF; 4190-97' 2 JSPF; 4200-04' 2 JSPF; 4209-12' 2 JSPF
 - RIH w/ 4-1/2" treating packer on 2-7/8" workstring, set @ 4115'. Acid treat according to following: 20 Bbls 15% NEFE HCl acid, 500# gelled rock salt block, 20 Bbls acid 500# block, 20 Bbls acid, flush w/50 Bbls fresh water. POOH
 - RIH w/ injection equipment. RDPU.
 - Return well to injection.

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 11-10-08
 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 [Signature] TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008

CONDITIONS OF APPROVAL IF ANY: