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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

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

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

WELL API NO 30-025-07671 ✓	
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	73 ✓
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> <u>Temporarily Abandoned</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>G</u> 1980' Feet From The North 1980' Feet From The East Line Section 9 Township 19-S Range 38-E NMPM Lea County ✓							
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3602' 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>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.
- Kill well, MIRU PU. NU BOP
 - RIH w/ 3-7/8", Drill out CIBP @ 3777'. Clean out well to TD @ 4269', Circulate clean, POOH
 - RU SWS, and run a CNL/GR/CCL log from RD to ±3300.
 - PB w/sand or gravel to 4164', cap w/6' cement to 4158'. RIH w/ 4-1/2" packer set at 4156'
 - RIH w/ 4-1/2" CICR and set retainer @4100. establish injection rate into perfs in preparation for cement squeeze.
 - Squeeze all Zone 1 and 2CU perfs from 4016-54' w/cement
 - RIH w/ 3-7/8", drill out cement and retainer to 4156' and circulate clean.
 - If pressure test holds, drill out cement and sand/gravel, to 4230'
 - Cap sand/gravel w/10' cement to NEW PBTD @ 4220'
 - Acid treat according to following schedule; 20 Bbls 15% NEFE HCl acid, 500# gelled rock salt block, 20 Bbls acid, 500# block, 20 Bbls acid
 - RIH w/ injection equipment, RDPU
 - Return 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 OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008
CONDITIONS OF APPROVAL IF ANY