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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 03-025-28350 ✓	
5 Indicate Type of Lease STATE <input checked="" 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 9	
8 Well No 147 ✓	
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"/> 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 C 70 Feet From The North 2570 Feet From The West Line Section 9 Township 19-S Range 38-E NMPM Lea County ✓	
11 Elevation (Show whether DF, RKB, RT GR, etc.) 361208' RDB	
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 Return well to production <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, MIRU PU. NU BOP.
 2. RIH w/ 4-3/4", drill out cmt and CIBP @ 4022'. Clean out well to TD @4300', Circulate clean, POOH
 3. RIH w/5 1/2" casing @ 4 JSPF and perforate casing at following depths: 4125-48'
 4. RIH 4-1/2" treating packer, 2-7/8" workstring, @ 4115', Acid treat according to following schedule: 20Bbls 15% NEFE HCl acid, 500# gelled rock salt block, 20 Bbls acid, 500# block, 20 Bbls acid, flush acid w/ 50 bbls fresh water.
 5. POOH w/ work string and treating packer
 6. RIH w/ ESP production equipment
 7. Return well to production.

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 11-11-08
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 Campbell Hill TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008
CONDITIONS OF APPROVAL IF ANY