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State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm 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. <b>30-025-28354</b> ✓	
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 10	
8. Well No	151 ✓
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <del>Temporarily Abandoned</del>	
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>710</u> Feet From The <u>North</u> <u>2410</u> Feet From The <u>East</u> Line <input checked="" type="checkbox"/> Section <u>10</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3617' 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	
<b>NOTICE OF INTENTION TO:</b> 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 production</u> <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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/ 4-3/4", drill out cmt and CIBP @ 4250' Clean out well to 4300'
- RIH w/ 5-1/2" CIBP, set @ 4295', cap w/ 5' cmt to 4290'
- RIH w/ 5-1/2" CIBP set retainer @ 4230', establish injection rate into perfs
- Squeeze all Zone 1 perfs from 4242-80' w/ cmt
- RIH w/ 4-3/4", drill out cmt and retainer to 4285', circulate clean
- pressure test, drill out cmt and CIBP, clean out to PBTD @ 4437"
- RIH w/ casing guns for 5 1/2" casing @ 4 JSPF, perforate casing at following depths 4296-4301'
- Acid treat w/ 15% NEFE HCl acid using 5-1/2" PPI tool w/ 65ft spacing
- POOH w/ work string and PPI
- RIH w/ ESP production equipment
- 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 11-10-08  
 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 Tony W. Hill TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008  
 CONDITIONS OF APPROVAL IF ANY.