

# RECEIVED

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

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>30-025-28359</b> ✓	
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	156 ✓
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>H</u> <u>1370</u> Feet From The <u>North</u> <u>330</u> Feet From The <u>East</u> Line <input checked="" type="checkbox"/> Section <u>9</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.) 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.

1. Kill well, MIRU PU. NU BOP.
2. RIH w/ 4-3/4", drill out CIBP @ 4000' continue to clean out well to 4150', circulate clean, POOH
3. RIH w/ 5-1/2" CIBP, set @ 4144', cap w/ 10' sand to 4134'. Tag top of sand
4. RIH w/ 5-1/2" packer, set @ 4130', pressure test
5. RIH w/ 5-1/2" CIBP, set retainer @ 4080'. Establish injection rate into perfs
6. Squeeze all Zone 1 perfs from 4100-25' w/ cmt
7. RIH w/ 4-3/4", drill out cmt and retainer to 4130', circulate clean
8. Pressure test, if holds, drill out cmt, CIBP @ 4144', continue to CO to TD @ 4324' Circulate clean, POOH
9. RIH, 5 1/2 " casing @ 4 JSPF, perforate casing at following depths; 4140-48', 4255-76'
10. Acid treat perforations w/ 15% NEFE HCl acid using 5-1/2" PPI w/ 58ft spacing, POOH
11. RIH w/ ESP production equipment
12. 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 [Signature] TITLE QC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008  
 CONDITIONS OF APPROVAL IF ANY: