

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I NOV 17 2008
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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-28363	✓
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	✓
8 Well No	160	✓
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 checked="" 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 <u>G</u> <u>2475</u> Feet From The <u>North</u> <u>2425</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 Lea County
11 Elevation (Show whether DF, RKB, RT GR, etc)	3607.7' 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 _____ mfl 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 production</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.

1. Kill well, MIRU PU NU BOP.
2. RIH w/4-3/4", Drill out sand & 1st CIBP @ 3997', cleanout to top of 2nd CIBP @ 4123'. Circulate clean, POOH
3. Cap CIBP @ 4123' w/ 10' sand to 4113'
4. RIH w/ 5-1/2" packer, set @ 4103', pressure test, POOH
5. RIH w/ 5-1/2" CICR, set retainer @ 4035', establish injection rate into perfs
6. Squeeze all Grayburg perfs from 4042-96' w/ cmt
7. RIH w/ 4-3/4, drill out cmt & retainer to 4100', circulate clean
8. pressure test, if holds, drill out cmt & CIBP, cleanout to cmt PBTD @ 4268', circulate clean and POOH
9. RIH 5 1/2" casing @ 4 JSPR, perforate casing at following depths: 4216-22', 4230-52'
10. Acid treat w/15% NEFE HCl using 5-1/2" PPI tool w/ 46ft spacing, POOH
11. RIH w/ ESP production equipment & phoenix tool
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 11-12-08
TYPE OR PRINT NAME Rebecca L. Larmon E-mail address: rebecca_larmon@oxy.com TELEPHONE NO 575-397-8247

For State Use Only

APPROVED BY Tony W. Hill OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008

CONDITIONS OF APPROVAL IF ANY