

**RECEIVED**State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPPLICATE

**OIL CONSERVATION DIVISION**DISTRICT I NOV 17 2008  
1625 N French Dr, Hobbs, NM 882401220 South St. Francis Dr.  
Santa Fe, NM 87505DISTRICT II  
1301 W. Grand Ave, Artesia, NM 88210DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-28364 ✓
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	161 ✓
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>G</u> : <u>2630</u> Feet From The <u>North</u> <u>1331</u> Feet From The <u>East</u> Line <u>✓</u> 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.) 3606' 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			
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 cmt and CIBP, clean out to previous cmt PBTD @ 4234
3. RIH w/ 5-1/2" CIBP, set @ 4100', cap w/10' sand to 4090', tag top, POOH
4. RIH w/5-1/2" packer, set @ 4085', pressure test
5. RIH w/ 5-1/2" CICR, set retainer @ 4030', establish injection rate into perfs
6. Squeeze all Grayburg perfs from 4034-82" w/ cmt
7. RIH w/ 4-3/4", drill out cmt and retainer to 4090', circulate clean
8. Pressure test, if holds drill out cmt & CIBP to 4294', circulate clean POOH
9. RIH w/ 5 1/2" casing @4 JSPF, perforate casing at following depths. 4154-62', 4212-23', 4226-32', 4235-41'
10. Acid treat w/ 15% NEFE HCl acid using 5-1/2 PPI tool w/ 54' spacing, POOH
11. RIH w/ ESP production equipment and 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 NMOCDC 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 [Signature] TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 20 2008  
CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_