

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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

RECEIVED

JAN 05 2009

HOBBSOCD

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-07544
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 North Hobbs (G/SA) Unit Section 33
8. Well No. 131
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.
3. Address of Operator 1017 W. Stanolind Rd., Hobbs, NM 88240
4. Well Location Unit Letter L 2310 Feet From The South North 330 Feet From The West Line Section 33 Township 18-S Range 38-E NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3635' DF
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: _____	<input type="checkbox"/>	OTHER: Plug back/acid treat	<input checked="" 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.
- RU PU
 - HAD 250# ON TBG & CSG. PUMP 25 BBLS 10# BRINE DWN TBG & 60 BBLS DWN CSG
 - POOH W/ 125 JTS 2 7/8" TBG & ESP EQUIP, PMP 1/4 BBLS WHILE PULLING
 - RIH ON TBG TO 4200' PULL ABOVE LINER TOP TO 3815'
 - 300# ON TBG & CSG. PMP 25 BBLS 10# DWN TBG & 60 BBLS DWN CSG
 - SCAN 124 JTS 2 7/8" TBG OUT - YELLOW 37, BLUE 77, GREEN 10, RED 0, GREEN LES THAN 40, RD TESTERS
 - RIH W/5" CIBP, SET CIBP @ 4187'
 - RIH W/PKR ON TBG, TAG CIBP @ 4817', PICKED UP PKR TO 4180, TEST CIBP TO 1000#, HELD, RELEASE PKR, MORE TO 4014'
 - SET PKR 1014', ACIDIZE, ROCK SALT BLOCK, RD HALLIBURTON
 - PMP 100 BBLS SCALE SQZ, FLUSH W/ 200 BBLS FW
 - PMP 35 BBLS 10# BRINE DWN TBG TO KILL WELL

SEE ATTACHED

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 12-30-08
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 [Signature] TITLE PETROLEUM ENGINEER DATE JAN 06 2009

CONDITIONS OF APPROVAL IF ANY:

12. RELEASE PKR @ 4014', POOH W/ TBG & PKR, PMP ¼ BBLs MIN
13. RIH W/ ESP EQUIP AND 124 JTS TBG, INTAKE @ 3868', BOTTOM MOTOR @ 3903'
14. INSTALL PENETRATOR
15. RD PU AND REV UNIT

RU PU 11/11/08

RD PU 11/13/08