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

FILE IN TRIPLICATE

HOBBSOCD**OIL CONSERVATION DIVISION****DISTRICT I**

1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.

Santa Fe, NM 87505

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO 30-025-28357
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. 154
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"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator 1017 W. Stanolind Rd., Hobbs, NM 88240	
4. Well Location Unit Letter <u>B</u> <u>1163</u> Feet From The <u>South</u> <u>North</u> <u>2600</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.) 3611.8 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: 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: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: 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: Return well to production <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.

1. RU PU AND REV UNIT
2. TEST CSG TO 500
3. RIH W/ BGA, PICKING UP WORKSTRING, TAG @ 4133'
4. DRILL ON CIBP UNTIL PLUG FALLS OUT, CHASE PLUG TO 4271', DRILL @ 4271', MAKE 6", CIRC CLEAN
5. TAG FILL @ 4271'
6. OBTAIN STATIC BHP, REGAIN @ 4250'
7. WIRELINE LOGGING, LOG TO 3250'
8. PERF FROM 4147'-4153', 4226'-4228', 4232, 4234, 4 JPS/FT, RD GRAY
9. RIH WITH STRADDLE PKR
10. TEST PKR TO 1500 PSI, HOLD AND RELEASE WITH 12 BBLS FW
11. ACIDIZE W/ STRADDLE PKR

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 _____
 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. SET STRADDLE PKR
13. RIH W/ ESP EQUIP, NEW TBG (125 JTS), INTAKE 4089' BOTTOM OF PHOENIX @ 4117'
14. INSTALL PENETRATOR
15. RD PU

RU PU 11/14/08

RD PU 11/19/08