

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
 1625 N. French Dr., Hobbs, NM 88240

FEB 16 2009

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

DISTRICT II
 1301 W. Grand Ave, Artesia, NM 88210

HOBBSCD

DISTRICT III
 1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO	30-025-07576
5 Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6 State Oil & Gas Lease No.	
7 Lease Name or Unit Agreement Name	South Hobbs (G/SA) Unit Section 34
8 Well No.	7
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 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>N</u> <u>660</u> Feet From The <u>South</u> <u>1080</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County
11 Elevation (Show whether DF, RKB, RT GR, etc) 3613' 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: <u>Temporarily Abandon</u> <input checked="" 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: _____ <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.

- Kill well.
- RIH w/ 4-3/4" drill, clean out well to PBTD @ 4275', circulate clean, POOH
- RIH w/ 5-1/2" CIBP and set @ 3863'
- RIH w/ packer & plug to isolate casing leak
- MI&RU pump truck, NU to workstring, pump down tbgs * attempt to break circulation
- Release test packer, Set CICR @ 980'
- MI&RU Halliburton W/ 250 sacks premium plus W/ 2% Calcium Chloride. NU to tbgs
- circulation & establish rate w/20 BBLs fresh water.
- Mix & pump cmnt, displace cmnt to 1 BBL short of the stinger, pull out of CICR, dump 1 bbl on CICR
- Drill out CICR & cmnt to top of CIBP @ 3863'
- Pressure test abd submit to NMOCD, Well is TA'd.

Condition of Approval : Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart

I hereby certify that the information above is true and complete to the best of my knowledge and belief

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 02/13/2009
 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 DISTRICT 1 SUPERVISOR DATE FEB 18 2009
 CONDITIONS OF APPROVAL IF ANY: