

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

OIL CONSERVATION DIVISION

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

RECEIVED  
MAY 08 2009  
HOBBS

|   |
|---|
| WELL API NO.<br>30-025-05488  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 24                       |
| 8. Well No. 331   |
| 9. OGRID No. 157984   |
| 10 Pool name or Wildcat Hobbs (G/SA)  |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection well <input checked="" type="checkbox"/>   |  |
| 2. Name of Operator<br>Occidental Permian Ltd.  |  |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323  |  |
| 4 Well Location<br>Unit Letter J : 1320 Feet From The South Line and 1325 Feet From The East Line<br>Section 24 Township 18-S Range 37-E NMPM Lea County  |  |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3658' GL   |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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: Casing Integrity Test <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.

Test Date: 05/01/2009

Pressure Reading: Initial - 550 PSI; 15 min - 560 PSI; 30 min - 580 PSI

Length of pressure test: 30 minutes

Witnessed: NO

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 ☐

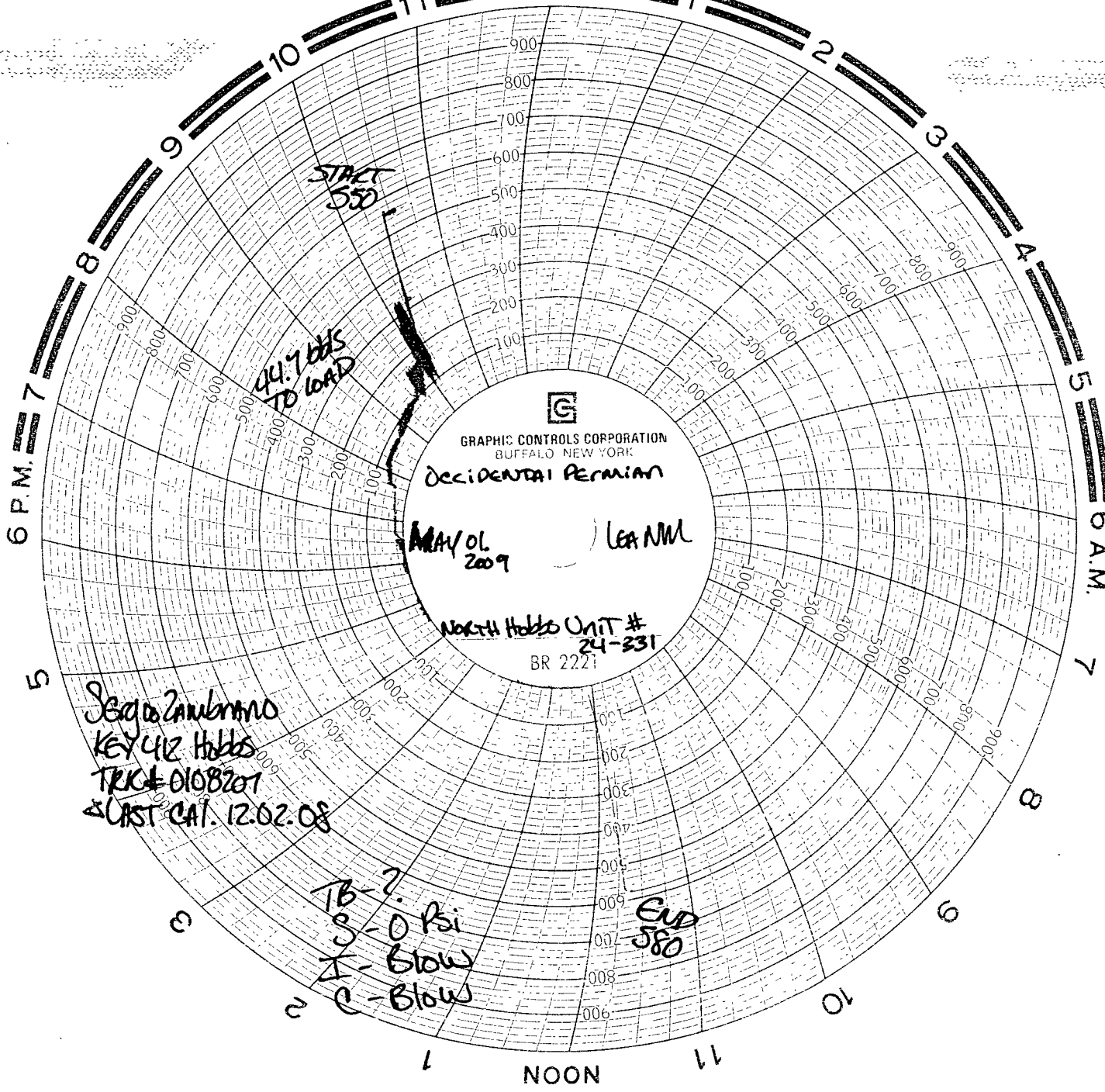
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 05/06/2009  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO 806-592-6280

For State Use Only

APPROVED BY Larry W. Hip TITLE DISTRICT 1 SUPERVISOR DATE MAY 11 2009  
CONDITIONS OF APPROVAL IF ANY.

NHU # 24-331

11 MIDNIGHT 1



NOON