

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 CONSERVATION DIVISION

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

HOBBSUCD

WELL API NO 30-025-29444
5 Indicate Type of Lease STATE <input checked="" 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 197
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"/>	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 34
2. Name of Operator Occidental Permian Ltd.	8. Well No 197
3. Address of Operator 1017 W. Stanolind Rd., Hobbs, NM 88240	9. OGRID No 157984
4. Well Location Unit Letter L 2030 Feet From The South 860 Feet From The West Line Section 34 Township 18-S Range 38-E NMPM Lea County	10 Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3625' GL	
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 Wellhead Repair/Change <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 AND REV U
- PUMPED 130 BBLs 10# BRINE DOWN CSG AND 9.5 DOWN CSG, 25 BBLs 9.5 DOWN TBG
- PULLED OUT W. TBG AND ESP EQUIP
- RIH W/ 125 JTS & 6' SUB, & 1' PLUG, SET @ 3909', CSG COLLARS @ 3892'
- CIRC GAS OFF WELL, CIRC 160 BBLs TOTAL.
- PRESSURE UP TO 550 PSI- GOOD
- CIRC 145 BBLs 10 # OKR FLUID
- DIG 21/2' AROUND WELL HEAD
- REMOVED OLD WELLHEAD, INSTALLED L PROX, 3000PSI WELLHEAD
- RIH W. SN, AND 124JTS
- RAN MIT, JOHNNY HARRISON W/ NM OCD WAS PRESENT
- RD PU , CLEANED LOC.

RU PU 2/2/09
RD PU 2/5/09

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 05-12-09
 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 JUN 09 2009
 CONDITIONS OF APPROVAL IF ANY:

