

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

RECEIVED

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

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

SEP 29 2009

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBSOCD

WELL API NO. 30-025-05488
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 24
8. Well No. 331
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center">(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.)</p>	
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector</p>	
<p>2. Name of Operator Occidental Permian Ltd.</p>	
<p>3. Address of Operator HCR 1 Box 90 Denver City, TX 79323</p>	
<p>4. Well Location Unit Letter <u>J</u> : <u>1320</u> Feet From The <u>South</u> <u>1325</u> Feet From The <u>East</u> Line <input checked="" type="checkbox"/> Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County</p>	
<p>11. Elevation (Show whether DF, RKB, RT GR, etc.) 3658' GL</p>	
<p>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 _____</p>	

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: <u>Perforate/Acid Treat</u> <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.

- RUPU & RU. Kill well.
- ND wellhead/NU BOP.
- RU wireline and set blanking plug in packer.
- POOH w/tubing and packer.
- RU wireline & fish blanking plug.
- RIH w/bit. Tag @4305'. POOH w/bit.
- RU wireline & perforate 5" liner at 4280-85', 4290-95' w/180 degree spiral @2 JSPF. RD wireline.
- RIH w/treating packer set @4258'. RU HES & pump 20 bbl of 15% HCL acid into new perms. RD HES. POOH w/treating packer.
- RIH w/SPA. RU HES & pump 20 bbl of 15% HCL acid in 2 settings 4238-4248 & 4218-4230. Flush w/fresh water. RD HES. POOH w/SPA.
- RIH w/dual packers set on 131 jts of 2-7/8" Duoline tubing. Packers set @4116' (Arrow-set 1-X Dbl Grip) & 4191' (KTC Hydraulic)

\*\*\*see attached sheet for additional data\*\*\*

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 09/24/2009  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

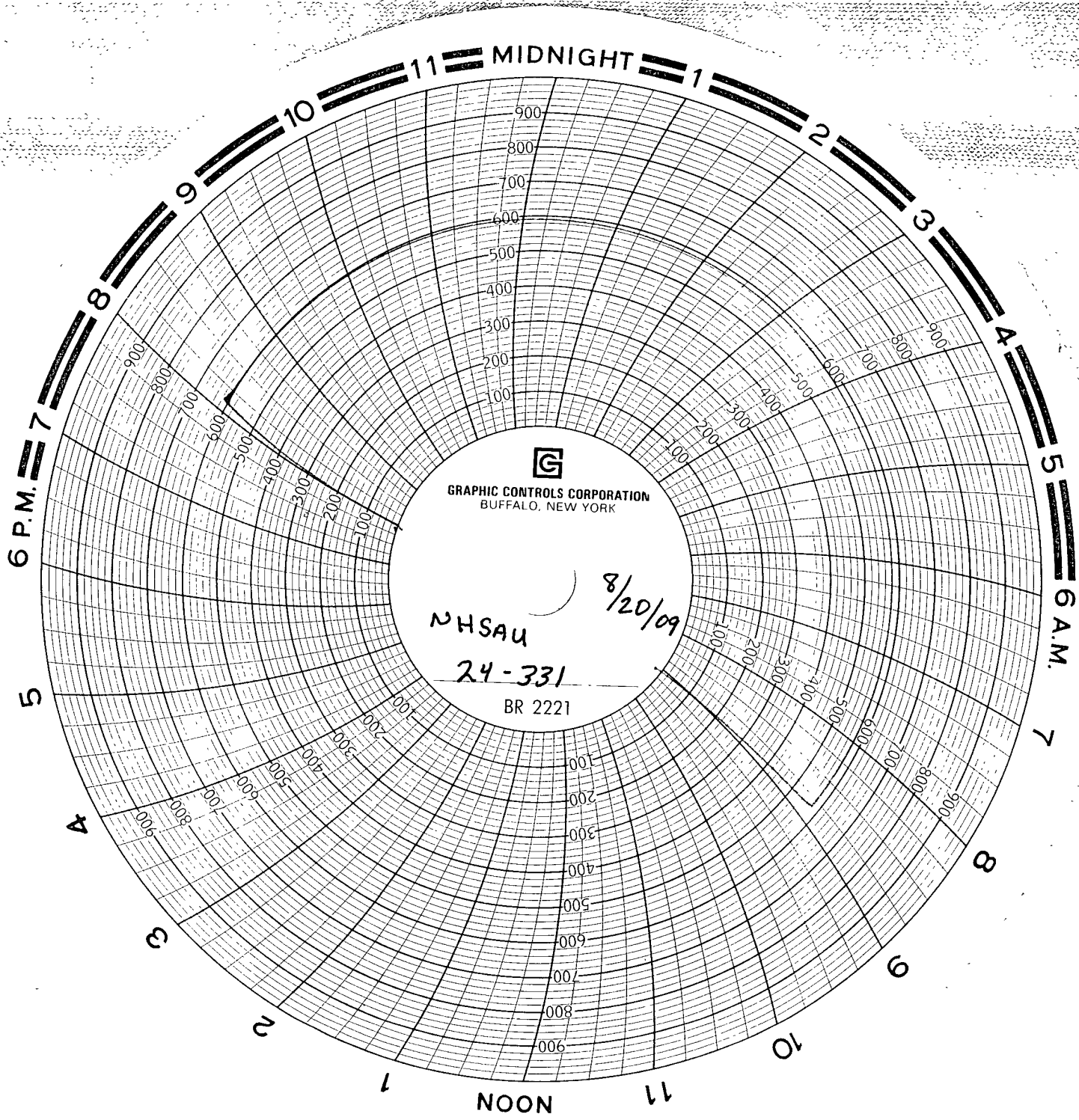
APPROVED BY Larry D. Hill TITLE DISTRICT 1 SUPERVISOR DATE SEP 30 2009  
CONDITIONS OF APPROVAL IF ANY.

NHU 24-331

11. ND BOP/NU wellhead & injection tree.
12. Test casing to 580 PSI for 30 minutes and chart for the NMOCD.
13. RDPU & RU. Clean location.

RUPU 08/13/09

RDPU 08/20/09



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

NHSAU

24-331

BR 2221

8/20/09

NHSAU 24-331

API# 30-025-05488

SEC. 24, T 18-S, R 37-E

CAL. DATE 8-6-09

PATE TRACKING CHART RECORDER

Ø-1000# PSI SER# MFG 2619

mic alerts with oxy