

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
SEP 29 2009
HOBBSOCD
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

| 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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u> <input checked="" type="checkbox"/> | WELL API NO 30-025-29129 |
| 2. Name of Operator Occidental Permian Ltd. | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 | 6. State Oil & Gas Lease No. |
| 4. Well Location Unit Letter <u>C</u> : <u>1263</u> Feet From The <u>North</u> <u>2605</u> Feet From The <u>West</u> Line <input checked="" type="checkbox"/> Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County | 7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit <input checked="" type="checkbox"/> Ssection 24 |
| | 8. Well No <u>212</u> |
| | 9. OGRID No. <u>157984</u> |
| | 10. Pool name or Wildcat <u>Hobbs (G/SA)</u> <input checked="" type="checkbox"/> |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) <u>3685' GL</u> | |
| 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: | 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>OAP/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.

1. RUPU & RU. Kill well.
2. ND wellhead/NU BOP. POOH w/tubing and packer.
3. RIH w/bit tagged @4310'. POOH w/bit.
4. RU wireline and perforate tubing from 4280-4295'. RD wireline.
5. RIH w/treating packer. RU HES & pump 25 bbl of 15% NEFE acid in two stages. Flush w/25 bbl of brine. RD HES. POOH w/treating packer.
6. ND BOP/NU wellhead.
7. RIH w/dual packers on 133 jts of 2-7/8" Duoline tbg. Packers set @4120' (Arrow-set 1-X Dbl Grip) and 4189' (KTC Hydraulic).
8. Test casing to 540 PSI for 30 minutes and chart for the NMOCD. Robert Harrison w/NMOCD on site for test.
9. RDPU & RU. Clean location.

RUPU 07/23/09 RDPU 08/03/09

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 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 [Signature] TITLE DISTRICT 1 SUPERVISOR DATE SEP 30 2009
CONDITIONS OF APPROVAL IF ANY:

