

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. 30-025-37101
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. 637
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u> <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
2. Name of Operator Occidental Permian Ltd.	8. Well No. 637
3. Address of Operator HCR I Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter <u>B</u> <u>1268</u> Feet From The <u>South</u> <u>1455</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 <u>Lea</u> County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3671' GR	
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>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.
1. RUPU & RU. Kill well. RU wireline and set blanking plug.
 2. ND wellhead/NU BOP.
 3. POOH w/tubing and packer.
 4. RIH w/bit. Tag @4377'. Pump 12 bbl 12.5# mud down casing and 4 bbl down tubing. POOH w/bit.
 5. RU wireline & perforate hole @4234-45, 56-60, 76-85' @2 JSPF. RD wireline.
 6. RIH w/SPA packer set @4303'. RU HES. Pump 45 bbl of 15% NEFE in 3 settings. RD HES. POOH w/SPA packer.
 7. RIH w/dual packers set on 125 jts of 2-7/8" Duoline 20 tubing. Packers set @4103' (Arrow-set 1-X Dbl grip) and 4172' (KTC Hydraulic).
 8. ND BOP/NU wellhead.
 9. Test casing to 510 PSI for 30 minutes and chart for the NMOCD. Robert Harrison w/NMOCD on site for test.
 10. RDPU & RU. Clean location.

RUPU 08/03/09 RDPU 08/10/09

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 9/28/09
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:

