

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

SEP 29 2009

HOBSOCD

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

WELL API NO. 30-025-37152
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. 622
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 <input checked="" type="checkbox"/> Injector	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter J : 2482 Feet From The South 2599 Feet From The East Line Section 24 Township 18-S Range 37-E NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3670' 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: Perforate/Acid treat	<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.
- RU wireline & set blanking plug @4111'. RD wireline.
- ND wellhead/NU BOP.
- POOH w/tubing and packer.
- Fish blanking plug.
- RIH w/bit. Tag @4341' PBTD. Circ well clean. POOH w/bit.
- RU wireline and perforate hole @4324-30 @2 JSPF. RD wireline.
- RIH w/SPA set @4335'. RU HES & perform acid job in 5 settings w/50 bbl of 15% NEFE acid. Flush w/25 bbl fresh water. RD HES. POOH w/SPA packer.
- RIH w/dual packers set on 125 jts of 2-7/8" Duoline 20 tubing. Packers set @4139' (Arrow-set 1-X Dbl grip) & 4208' (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

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APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE SEP 30 2009

CONDITIONS OF APPROVAL IF ANY:

NHU 24-622

10. ND BOP/NU wellhead.
11. Test casing to 500 PSI for 30 minutes and chart for the NMOCD. Robert Harrison w/NMOCD on site for test.
12. RDPU & RU. Clean location.

RUPU 08/14/09

RDPU 08/20/09

