

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

RECEIVED **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

NOV 16 2009

HOBBSD

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

WELL API NO. 32-025-28969	
5. Indicate Type of Lease STATE <input 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 COOP	
8. Well No. 10	
9. OGRID No. 157984	
10. Pool name or Wildcat Hobbs (G/SA)	

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</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>	
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 <u>K</u> <u>2564</u> Feet From The <u>South</u> <u>1607</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County <u></u>	
11. Elevation (Show whether DF, RKB, RT GR, etc) 3643' KB	
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	
<p align="center">NOTICE OF INTENTION TO:</p> 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: _____	<p align="center">SUBSEQUENT REPORT OF:</p> REMEDIAL WORK <input checked="" 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: _____

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.
3. POOH w/tubing and injection packer.
4. Run back in hole w/new 5-1/2" Arrowset packer set on 129 jts of 2-3/8" IPC tubing. Packer set @4010' *
5. ND BOP/NU wellhead.
6. Test casing to 600 PSI for 30 minutes and chart for the NMOCD. Robert Harrison w/NMOCD on site for test.
7. RDPU & RU. Clean location.
8. Return well to injection.

RUPU 10/05/2009
RDPU 10/06/2009

* Packer 132' above top perfs.

DENIED

11-17-09
575-393-6161
Amy W. Hill
EXT-102

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 11/11/2009
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 _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY.

DENIED

