

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

OIL CONSERVATION DIVISION
RECEIVED
DEC 24 2009
HOBBSOCD

WELL API NO.	30-025-37409
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 29
8. Well No.	635
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"/>
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>I</u> : <u>1665</u> Feet From The <u>South</u> <u>1240</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3646' 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: 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: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: 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: _____ <input 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.
- POOH w/tubing and injection packer.
- RU wireline and dump bail 1-1/2 sacks of cement on CIBP @4247. Tag cement @4233'. RD wireline.
- RIH w/straddle acid packers set @4156 & 4212'. RU HES & acid treat well w/1378 gals of treated water & 637 gal of 15% PAD acid in 4 stages. POOH w/straddle acid packers.
- RIH w/CIBP set @4215'.
- RIH w/5-1/2" Arrowset packer set on 122 jts of 2-7/8" Duoline tubing. Packer set @4050'
- ND BOP/NU wellhead.
- Test casing to 680# for 30 minutes and chart for the NMOCD.
- RDPU & RU. Clean location.

RUPU 11/06/09 RDPU 11/11/09

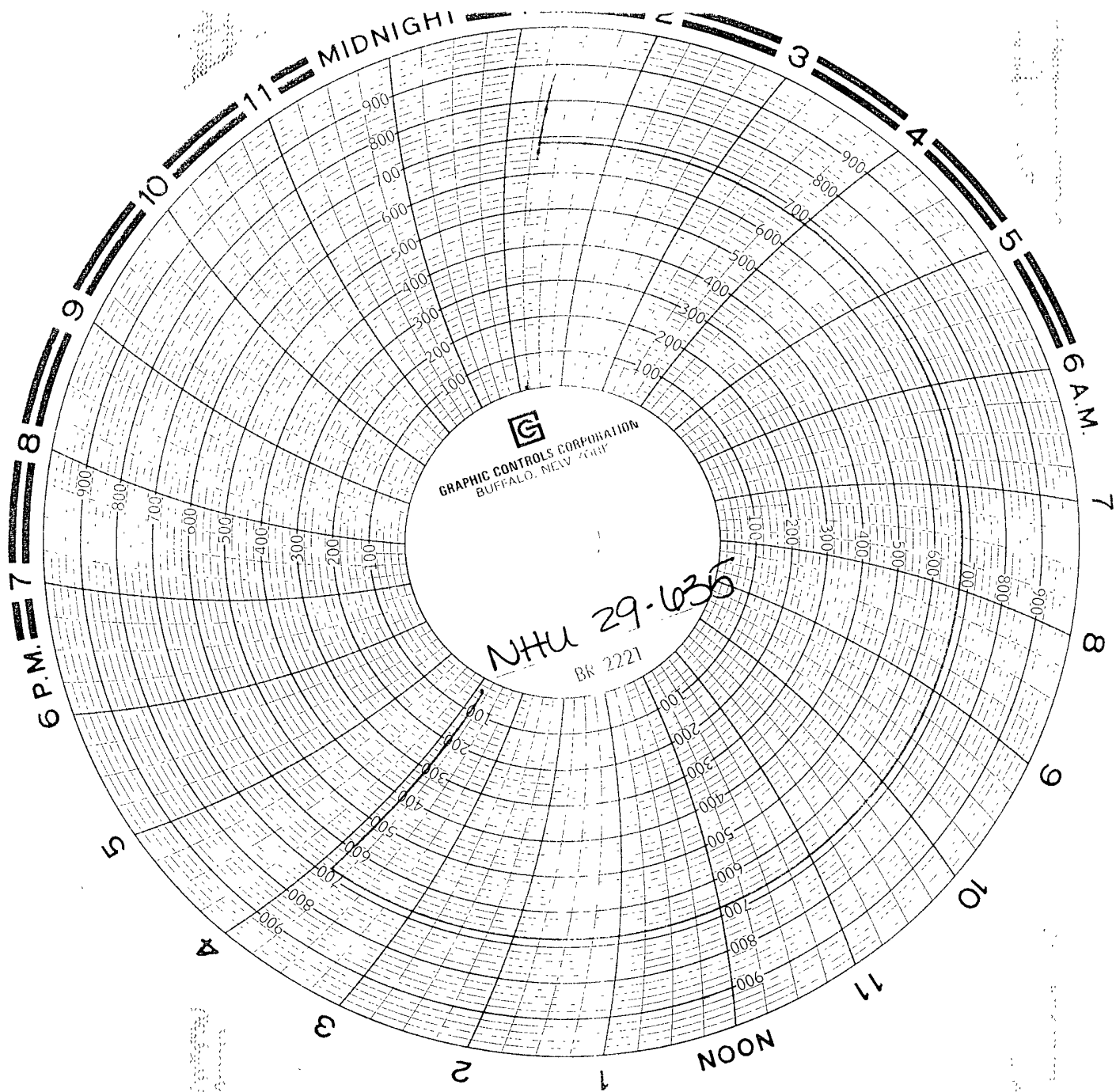
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE	<u>Mendy A Johnson</u>	TITLE	<u>Administrative Associate</u>	DATE	<u>12/23/2009</u>
TYPE OR PRINT NAME	<u>Mendy A. Johnson</u>	E-mail address:	<u>Mendy_johnson@oxy.com</u>	TELEPHONE NO.	<u>806-592-6280</u>

For State Use Only

APPROVED BY	<u>[Signature]</u>	TITLE	<u>DISTRICT 1 SUPERVISOR</u>	DATE	<u>DEC 31 2009</u>
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CONDITIONS OF APPROVAL IF ANY:



North Hobbs GSA Unit 296635
Unit & sec. 29 T185 R38E
APT # 30-025-37409
Chart Recorder plate serial # 12514
0-1000 PSI tested 10-2-09