

RECEIVEDState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

APR 14 2010

OIL CONSERVATION DIVISION

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

HOBBSOCD1220 South St. Francis Dr.
Santa Fe, NM 87505**DISTRICT II**

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

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|--------------------------------------|--|-------------------------------------|
| WELL API NO. | 30-025-35999 | <input checked="" type="checkbox"/> |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. | | |
| 7. Lease Name or Unit Agreement Name | North Hobbs (G/SA) Unit | <input checked="" type="checkbox"/> |
| 8. Well No. | 944 | <input checked="" type="checkbox"/> |
| 9. OGRID No. | 157984 | <input checked="" type="checkbox"/> |
| 10. Pool name or Wildcat | Hobbs (G/S.) | <input checked="" type="checkbox"/> |

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| 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> |
| 2. Name of Operator | Occidental Permian Ltd. |
| 3. Address of Operator | HCR I Box 90 Denver City, TX 79323 |
| 4. Well Location | Unit Letter <u>I</u> : <u>1528</u> Feet From The <u>South</u> <u>854</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Loc <u>County</u> |
| 11. Elevation (Show whether DF, RKB, RTGR, etc.) | 3644' GL |
| 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 _____ mll Below-Grade Tank: Volume _____ bbls; Construction Material _____ | |

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|--|---|
| 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 checked="" 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 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.

1. Kill well. POOH w/ESP & equipment.
2. Clean out to 4960'.
3. RIH w/7 "CIBP set @4950' & cap with 20 sacks of cement.
4. Test casing and chart for the NMOCD.
5. Install TA wellhead.

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart

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 04/14/2010
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy.johnson@oxy.com TELEPHONE NO. 806-592-6230

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 4-15-10
 CONDITIONS OF APPROVAL IF ANY: