

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

RECEIVED
MAY 10 2010
HOBBSD
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

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

WELL API NO 30-025-37480	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 25	<input checked="" type="checkbox"/>
8. Well No 741	<input checked="" type="checkbox"/>
9. OGRID No. 157984	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Hobbs (G/SA)	<input checked="" type="checkbox"/>

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 25
2. Name of Operator Occidental Permian Ltd.	8. Well No 741
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter <u>A</u> : <u>360</u> Feet From The <u>North</u> <u>1294</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County <u>Lea</u>	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3677' 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 _____ 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: <u>Squeeze perf//OAP/Acid treat well</u> <input checked="" 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/injection equipment.
2. Clean out to 4230'.
3. Set CIBP @4220'. Dump sand 3 sacks cement on top. Tag top of cement @4194'.
4. Set CICR @4130' and pump cement.
5. Test squeeze.
6. Clean out well to PBTD @4361'.
7. Perforate well @4311-15', 4320-28', 4336-51' @2 JSPF.
8. Acid treat well with 2982 gal of 15% NEFE acid.
9. Perform scale squeeze.
10. Test casing and chart for the NMOCD.
11. Run back in hole with injection equipment and return well to injection.

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 05/05/2010

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 Staff Mgr DATE 5-10-10

CONDITIONS OF APPROVAL IF ANY: