

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

RECEIVED OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

1220 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

WELL API NO. 30-025-31422 ✓
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 South Hobbs (G/SA) Unit ✓
8. Well No. 233 ✓
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 <u>Injector</u> ✓	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit ✓
2. Name of Operator Occidental Permian Ltd. ✓	8. Well No. 233 ✓
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984 ✓
4. Well Location Unit Letter <u>G</u> <u>2245</u> Feet From The <u>North</u> <u>2420</u> Feet From The <u>East</u> Line ✓ Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County	10. Pool name or Wildcat Hobbs (G/SA) ✓
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3613' 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>Plug back/Acid Treat</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. Plug back to 4222'.
3. Acid treat w/1400 gal of 15% NEFE HCL acid.
4. RIH w/injection equipment.
5. Test casing and chart for the NMOCD.
6. 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: 06/02/2010
 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: [Signature] TITLE: STAFF MGR DATE: 6-7-10
 CONDITIONS OF APPROVAL IF ANY:

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