

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

RECEIVED

JUN 10 2010

HOBBSOCD

OIL CONSERVATION DIVISION

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

| | |
|---|-------------------------------------|
| WELL API NO. 30-025-29064 | <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 Section 30 | <input checked="" type="checkbox"/> |
| 8. Well No 113 | <input checked="" type="checkbox"/> |
| 9. OGRID No. 157984 | <input checked="" type="checkbox"/> |
| 10. Pool name or Wildcat Hobbs (G/SA) | <input checked="" type="checkbox"/> |

| | |
|---|--|
| <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>D</u> <u>1310</u> Feet From The <u>North</u> <u>195</u> Feet From The <u>West</u> Line Section <u>30</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) 3658' 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 | |
| <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: _____ <input type="checkbox"/> | <p align="center">SUBSEQUENT REPORT OF:</p> 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: <u>Cleanout/Perforate/Acid Treat/HCP repair</u> <input checked="" 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.
 - ND wellhead/NU BOP.
 - POOH w/tubing and packer.
 - RIH w/bit and stripperhead. Clean out to 4360'. POOH w/bit and stripperhead.
 - RU wireline and perforate hole at 4285-4300', 4304-14', 4330-58' @ 4 JSPF. RD wireline.
 - RIH w/straddle acid packer set @4362'. RU HES and acid treat well w/3087 gal of 15% PAD acid in 4 settings. RD HES. POOH w/packer.
 - RIH w/KTC Hydraulic Tandem packer set on 129 jts of 2-7/8" Duoline 20 tubing. Packer set @4162'.
 - ND BOP/NU wellhead.
 - Test casing to 520 PSI for 30 minutes and chart for the NMOCD. Buddy Hill w/NMOCD on site for test.
 - RDPU & RU. Clean location and return well to injection.

RUPU 04/29/2010 RDPU 05/07/2010

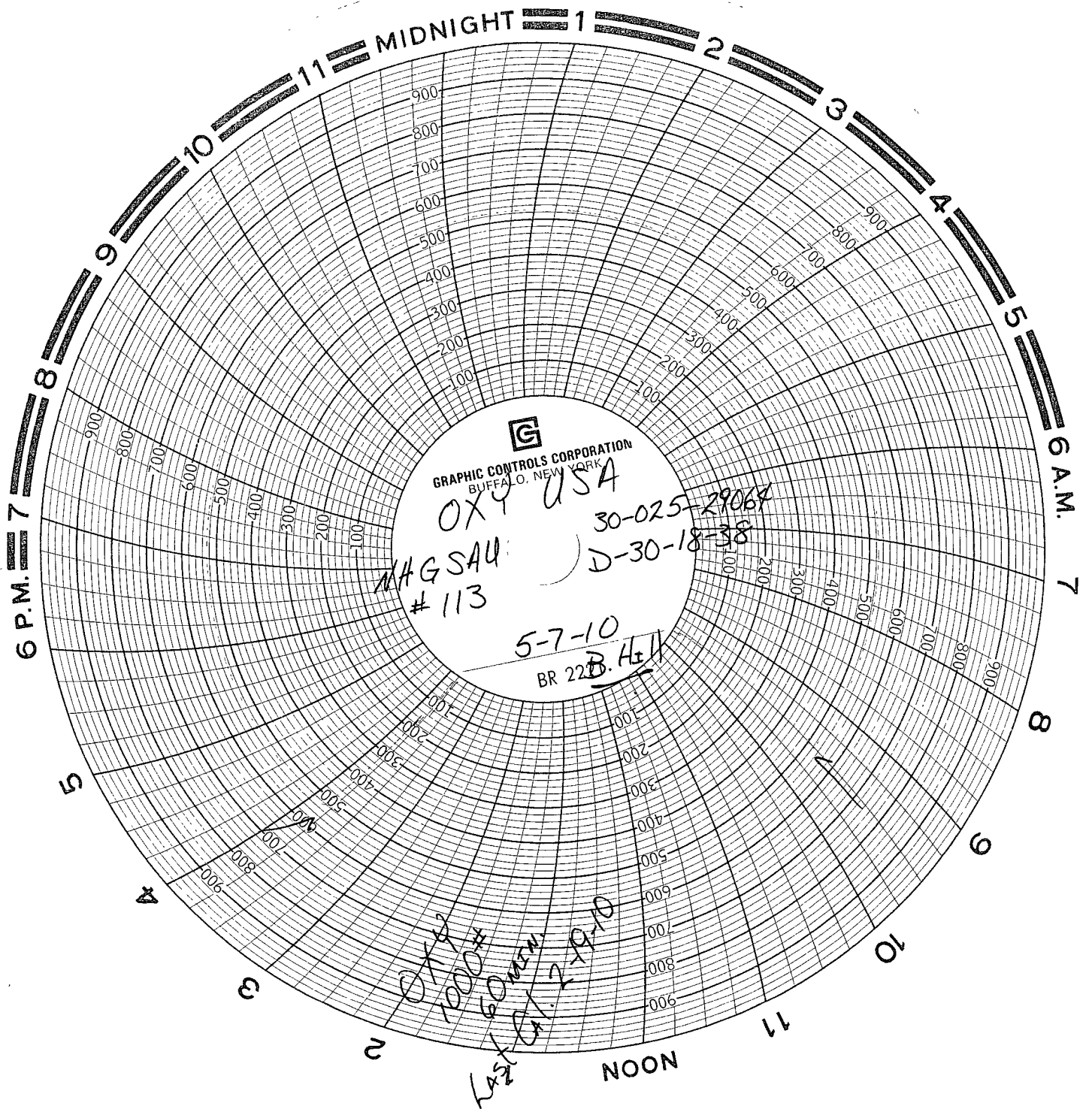
I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 06/09/2010
 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 6-14-10
 CONDITIONS OF APPROVAL IF ANY: _____

R.M.



УНУ - 30-113