

State of New Mexico
Energy, Minerals and Natural Resources Department
RECEIVED
OIL CONSERVATION DIVISION

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

JUL 12 2010

HOBBSOCD

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

WELL API NO 30-025-07599
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit <input checked="" type="checkbox"/>
8. Well No. 34 <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 South Hobbs (G/SA) Unit <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd. <input checked="" type="checkbox"/>	8. Well No. 34 <input checked="" type="checkbox"/>
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No 157984 <input checked="" type="checkbox"/>
4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> <u>660</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 <input checked="" type="checkbox"/>	10. Pool name or Wildcat Hobbs (G/SA) <input checked="" type="checkbox"/>
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3617' DF	
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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <u>Cleanout/Acid treat</u> <input checked="" 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. RU coil tubing unit.
2. Clean out well.
3. Acid treat well w/2500 gal of 15% NEFE HCL acid.
4. POOH w/coil tubing unit.
5. Test casing and chart for the NMOCD.
6. Return well to injection. Set Inj AKR 2100' From Top Perfs

**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 07/09/2010
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 7-12-10
CONDITIONS OF APPROVAL IF ANY:

J.M.