

FILE IN TRIPPLICATE

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
OIL CONSERVATION DIVISION

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

JUL 12 2010

HOBBSOCD

| | |
|---|-------------------------------------|
| WELL API NO 30-025-29752 | <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 South Hobbs (G/SA) Unit | <input checked="" type="checkbox"/> |
| 8. Well No. 213 | <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 Gas Well Other 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 A 890 Feet From The North 1275 Feet From The East Line
Section 5 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3640' KB

Pit or Below-grade Tank Application or Closure
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>Plug back/Squeeze/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.

- Kill well. POOH w/injection equipment.
- Clean out to 4065'.
- RIH w/CIBP set @4060'.
- RIH w/CICR set @3990' Squeeze casing. Test squeeze.
- Drill out CIBP and clean out to 4230'.
- RIH w/CIBP set @4227'.
- Acid treat well.
- RIH w/packer and injection equipment.
- Test casing and chart for the NMOCD.
- Return well to injection. Set inj. PKR. 7 100' FROM TOP PLATE

**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: P.M.