

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**RECEIVED** CONSERVATION DIVISION

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

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

**JUL 16 2010**

**DISTRICT II**  
1301 W Grand Ave, Artesia, NM 88210

**HOBBSOCD**

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO 30-025-28944	
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 North Hobbs (G/SA) Unit Section 32	
8. Well No. 223	
9. OGRID No. 157984	
10. Pool name or Wildcat Hobbs (G/SA)	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input checked="" type="checkbox"/>	
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>E</u> : <u>2630</u> Feet From The <u>North</u> <u>1420</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3634' 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	
<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> 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>Repair Casing Leak/Perforate/Acid Treat</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

1. RUPU & RU.
2. ND wellhead/NU BOP. RUPU 06/03/2010 RDPU 06/11/2010
3. RIH w/test packer set @3969'. Injection packer tested OK. POOH w/test packer.
4. POOH w/tubing and injection packer.
5. RIH w/bit. Tag @4219' w/23' of fill. RU power swivel and clean out from 4219-4242'. RD power swivel. POOH w/bit.
6. RU wireline and perforate hole at 4144-61', 4170-80', 4183-87', 4190-93', 4199-4207', 4215-20', 4230-35'. RD wireline.
7. RU HES & pump 2310 gal of 15% NEFE acid to break down new perms. RD HES.
8. RIH w/Arrowset 1-x Double grip injection packer set on 129 jts of 2-7/8" Duoline 20 tubing. Packer set @4003'.
9. ND BOP/NU wellhead.
10. Test casing to 520 PSI and chart for the NMOCD.
11. RDPU & RU. Clean location and return well to injection.

*"Note" Per log 'Above Perfs -*

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 ☐

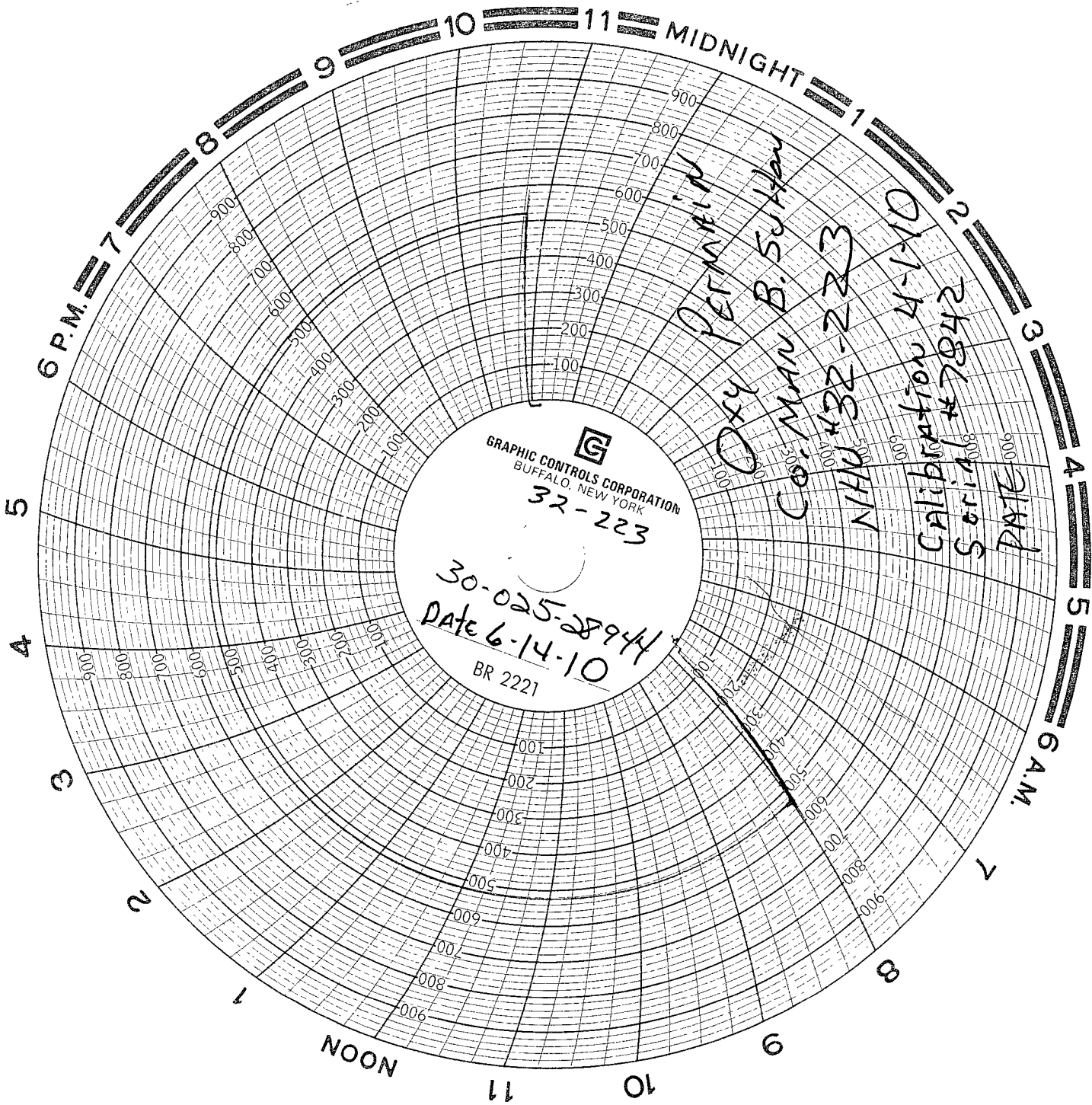
SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 07/15/2010  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 7-19-10

CONDITIONS OF APPROVAL IF ANY:

*7.2.2*



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
32-223

30-025-28944  
Date 6-14-10  
BR 2221

Oxy PERMANENT  
CO. MAN B. Sullivan

NHK 32-223

Calibration 4-1-10  
Serial # 7842

DATE

NH4 32-223  
API# 30-025-28944  
LEA COUNTY  
HOBBS N.M.

Brian Sutton

A handwritten signature in black ink, appearing to read "B. Sutton", with a large, stylized loop at the end.