

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPPLICATE

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

JUL 16 2010
HOBBSOCD

WELL API NO 30-025-28969	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<i>Fed</i>
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. COOP 10	<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 <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>K</u> : <u>2564'</u> Feet From The <u>South</u> <u>1607</u> Feet From The <u>West</u> Line <input checked="" type="checkbox"/> Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3643' KB	
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>Squeeze csg leak/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/equipment.
2. POOH w/injection equipment.
3. Clean out well to 4130'.
4. Squeeze casing leak. Test squeeze.
5. Acid treat well w/2250 gal of 15% NEFE HCL acid.
6. RIH w/injection equipment.
7. Test casing and chart for the NMOCD.
8. RDPU & return well to injection.

** Need PRR SET & Top Perf*

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 _____

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

RM