

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

AUG 27 2010

HOBBSOCD

OIL CONSERVATION DIVISION

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

WELL API NO 30-025-07599	<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 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 <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>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 <u>Lea</u> County
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: _____	<input type="checkbox"/>	OTHER: <u>Coiled tubing job</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. RU Coiled tubing unit.
2. Break circulation and tag PBTD @4196'.
3. Water wash perms.
4. Close backside in and acidize perms with 2500 gal of 15% HCL acid.
5. Open backside & go to bottom. No circulation.
6. RD Coiled tubing unit.

RU 07/22/2010
RD 07/22/2010

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 08/26/2010
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 8/31-10
CONDITIONS OF APPROVAL IF ANY _____

25.