

State of New Mexico
RECEIVED 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

SEP 21 2010
HOBBSOCD

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

OIL CONSERVATION DIVISION

WELL API NO 30-025-07499	
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 31	
8 Well No	331
9 OGRID No	157984
10 Pool name or Wildcat	Hobbs (G/SA)

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <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>J</u> <u>2200</u> Feet From The <u>South</u> <u>2310</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	

11 Elevation (Show whether DF, RKB, RT GR, etc) 3637' GL	
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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>Clean out/OAP/AT</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. RUPU & RU. Kill well.
2. Clean out to TD @4275'.
3. Perforate well.
4. Acid treat perms w/2090 gal of 15% PAD acid.
5. Perform scale squeeze.
6. RIH w/ESP equipment.
7. Return well to production.

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 <u>Mendy A. Johnson</u>	TITLE <u>Administrative Associate</u>	DATE <u>09/20/2010</u>
TYPE OR PRINT NAME <u>Mendy A. Johnson</u>	E-mail address: <u>mendy_johnson@oxy.com</u>	TELEPHONE NO <u>806-592-6280</u>

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APPROVED BY <u>[Signature]</u>	TITLE <u>STAFF MGR</u>	DATE <u>9-22-10</u>
CONDITIONS OF APPROVAL IF ANY		