

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I

1625 N French Dr, Hobbs, NM 88240

RECEIVED

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

DISTRICT II

1301 W Grand Ave, Artesia, NM 88210

SEP 30 2010

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

HOBBSOCD

WELL API NO 30-025-37481	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6 State Oil & Gas Lease No	
7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 25	✓
8 Well No 731	✓
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 B 863 Feet From The North 2020 Feet From The East Line Section 25 Township 18-S Range 37-E NMPM Lea County
11 Elevation (Show whether DF, RKB, RT GR, etc) 3678' 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:		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 _____		OTHER: OAP and acid treat	<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. RU wireline and perforate tubing @4074'. RD wireline.
3. ND wellhead/NU BOP.
4. POOH w/ESP equipment.
5. RIH w/bit. Tag @4396'. POOH w/bit.
6. RU wireline & perforate hole @4303-17', 4326-35', 4345-60'. RD wireline.
7. RIH w/treating packer set @4396'. RU HES and acid treat perms w/3444 gal of 15% NEFE acid in 3 settings from 4326-4243'. RD HES.
8. Scale squeeze w/100 bbl of fresh water mixed w/100 gal of 6490 chemical. Flush w/100 bbl of fresh water. POOH w/packer.
9. RIH w/ESP equipment set on 127 jts of 2-7/8" tubing. Intake set @4170'.
10. ND BOP/NU wellhead.
11. RDPU & RU. Clean location return well to production.

RUPU 08/20/10 RDPU 08/25/10

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 09/29/2010
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 10-4-10
CONDITIONS OF APPROVAL IF ANY