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State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OCT 15 2010

HOBBSUCD

## OIL CONSERVATION DIVISION

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

## 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

WELL API NO. 30-025-07597	<input checked="" type="checkbox"/>
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <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 31	<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>E</u> <u>2310</u> Feet From The <u>North</u> <u>990</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County <u></u>
11 Elevation (Show whether DF, RKB, RT GR, etc) 3603' 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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐ Multiple Completion ☐  
 OTHER: Squeeze perfs/Acid Treat ☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
 CASING TEST AND CEMENT JOB ☐  
 OTHER: \_\_\_\_\_ ☐

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/injection equipment.
2. Clean out to PBTD @4248'
3. Squeeze perfs.
4. Acid treat well w/3234 gal of 15 NEFE HCL acid.
5. Run backing hole w/injection equipment.
6. Test casing and chart for the NMOCD.
7. Return well to injection.

Condition of Approval : Notify OCD Hobbs  
office 24 hours prior to running MIT Test & ChartPer Underground Injection Control Program Manual  
11.6 c Packer shall be set within or less then 100 feet  
of the uppermost injection perfs or open hole

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 10/13/2010  
 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 STATE NGR DATE 10-19-10  
 CONDITIONS OF APPROVAL IF ANY