

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

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

RECEIVED
DEC 14 2010
HOBBSUOD

WELL API NO. 30-025-37105
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. 642
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>	
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>I</u> : <u>1645</u> Feet From The <u>South</u> Section <u>25</u> Township <u>18-S</u> Range <u>34-E</u> NMPM <u>Lea</u> County <u></u>	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3657' 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 <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: _____	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: <u>Clean out/Perforate/Acid Treat</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. RUPU & RU.
2. NU BOP/ND wellhead.
3. POOH w/ESP equipment.
4. RIH w/bit. Tag @4279'. RU power swivel & stripper head. Clean out Asphaltines from 4279-4294'. Fell out. Tag down to PBTD @4372'. Circ well clean. RD power swivel & stripper head. POOH w/bit.
5. RU pump truck & pump 40 bbl of Xylene down tubing. RD pump truck. Circ well w/150 bbl of 10# to remove Xylene from well bore & tbg.
6. RU wireline & perf tubing @4338-47', 4325-27', 4319-22', 4314-16'. RD wireline.
7. RIH w/SPA packer. RU HES & perform straddle acid job w/2950 gal of 15% PAD acid. Flush w/15 bbl of 10#. RD HES.
8. Perform scale squeeze w/100 bbl of fresh water & 200 gal of 6495 chemical.
9. RIH w/ESP equipment set on 126 jts of 2-7/8" tubing. Intake set @4140'.
10. ND BOP/NU wellhead. 11. RDPU & RU. Clean location and 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 Mendy A. Johnson TITLE Administrative Associate DATE 12/10/2010
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 PETROLEUM ENGINEER DATE DEC 16 2010
CONDITIONS OF APPROVAL IF ANY: _____