State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

JAN 1 1 2011

DATE

PETROLEUM ENGINEER

FILE IN TRIPLICATE	RECEDILCO	NSERVATION DIVISION 220 South St. Francis Dr.	
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240		220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-37475
DISTRICT II	JAN 07 2011		5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210 DISTRICT III			STATE X FEE
DISTRICT III	HUBBSULU		6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410			
SUNDRY N	OTICES AND REPORT	S ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR DIFFERENT RESERVOIR. USE	PROPOSALS TO DRILL OR " "APPLICATION FOR PERMI	TO DEEPEN OR PLUG BACK TO A T" (Form C-101) for such proposals.)	North Hobbs (G/SA) Unit
1. Type of Well:			8. Well No. 742
Oil Well X	Gas Well	Other	
2. Name of Operator		1	9. OGRID No. 157984
Occidental Permian Ltd.			10 Declarge of Wildon turble (C/CA)
3. Address of Operator	EX 70222		10. Pool name or Wildcat Hobbs (G/SA) $\checkmark$
HCR 1 Box 90 Denver City, 4. Well Location	IX 79323		
Unit Letter <u>G</u> : <u>1670</u> Feet From The <u>North</u> <u>1610</u> Feet From The <u>East</u> Line			
Section 29	Township	18-S Range R-38	E NMPM Lea County
		hether DF, RKB, RT GR, etc.)	
Pit or Below-grade Tank Application       or Closure         Pit Type       Depth of Ground Water       Distance from nearest fresh water well         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			
	CHANGE PLANS		
	-		
PULL OR ALTER CASING	Multiple Completion		
OTHER: Clean out/Acid Treat		X OTHER:	
<ol> <li>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.</li> <li>Kill well. POOH w/ESP equipment.</li> <li>Clean out to PBTD @4375'.</li> <li>Acid treat well w/3500 gal of 15% PAD acid.</li> <li>Perform scale squeeze.</li> <li>Run back in hole w/ESP equipment.</li> <li>Return well to production.</li> </ol>			
I hereby certify that the information above constructed or closed according to NMOCD guidelin SIGNATURE	nes , a general per	rmit or an (attached) alternative	Associate DATE01/05/2011
TYPE OR PRINT NAME Mendy	. Johnson E-mail	address: mendy_johnson@oxy.com	TELEPHONE NO. 806-592-6280

TITLE

For State Use Only

CONDITIONS OF APPROVAL IF ANY:

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