

APR 29 2011

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

FILE IN TRIPPLICATE

DISTRICT I RECEIVED
1625 N. French Dr., Hobbs, NM 88240DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-34372
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 33
8. Well No. 523
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 PUMPBACK 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 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>F</u> : <u>2000</u> Feet From The <u>North</u> <u>2450</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3642' 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:		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: _____ <input type="checkbox"/>		OTHER: <u>Clean out/Acidize</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. ND wellhead/NU BOP.
3. POOH w/ESP equipment.
4. RIH w/bit. Tag @4340'. POOH w/bit.
5. Install check valve. RU HES & water wash perfs from 4020-4268" with no returns. Acid wash perfs from 4268-4020' w/3500 gal of 15% PAD acid. Pump 1000 gal gel sweep. Pump 120 bbl fresh water. RD HES. Remove check valve.
6. RU pump truck and pump 100 bbl of fresh water w/100 gal of 6490 chemical. Flush w/100 bbl fresh water. RD pump truck.
7. RD BOP/RU wellhead.
8. RIH w/ESP equipment set on 128 jts of 2-7/8" tubing. Intake set @3995'.
9. RDPU & RU. Clean location and return well to production.

RUPU 03/03/2011 RDPU 03/11/2011

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 04/28/2011
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 5-2-2011

CONDITIONS OF APPROVAL IF ANY: