

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

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

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

JUN 03 2011

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

| | |
|---|--------------|
| WELL API NO. 30-025-27446 37446 | |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 19 | |
| 8. Well No. | 633 |
| 9. OGRID No. | 157984 |
| 10. Pool name or Wildcat | Hobbs (G/SA) |

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| 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 <u>Injector</u> <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>G</u> : <u>2290</u> Feet From The <u>North</u> <u>1410</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County | |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3655' 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: <u>Clean out/Squeeze/Perf/Acid treat</u> | <input checked="" type="checkbox"/> | OTHER: _____ | <input 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. Kill well.
2. POOH w/injection equipment.
3. Clean out to 4300'.
4. Set CICR @4114 and squeeze perfs. Test squeeze.
5. Perforate well @4364-66, 4374-80, 4383-84, 4390-97' @4 JSPF.
6. Acid treat well w/4700 gal of 15% PAD acid.
7. Perform scale squeeze.
8. Run back in hole with injection equipment.
9. Test casing and chart for the NMOCD.
10. Return well to injection.

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 05/31/2011
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

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APPROVED BY [Signature] TITLE DISTRICT I SUPERVISOR DATE JUN 06 2011

CONDITIONS OF APPROVAL IF ANY: