(November 1994) DEPARTMEN	T OF THE IN D		M. M. mask	European Information 1004-0135			
	AND MANAGI		bbs, 11M 8	254 dease Serial No.			
SUNDRY NOTICES		IN NELLO		<u>IC-032450(a)</u>			
Do not use this form for abandoned well. Use For	proposals to drill (or to re-enter an		6. If Indian, Allottee or Tribe Name			
		or such proposals.					
SUBMIT IN TRIPLICATE	7. If Unit or CA/Agreement, Name and/or No.						
1. Type of Well Gas Well Well Other							
2. Name of Operator				8. Well Name and No. A South Mattix Unit No. 5			
Occidental Permian Limited Partner	aladan Batan at	urk Stephens, 338-B		South Mattix Unit No. 5 Federal			
a. Address	9. API Well No.						
P.O. Box 4294, Houston, TX 77210-	4294	3b. Phone No. (<i>include area c.</i>	30-025-11201				
Location of Well (Footage, Sec., T., R., M., or Survey Description	on)	(281) 552-1158		10. Field and Pool, or Exploratory Area Fowler; Fusselman			
				Fowler; Fusselman			
Letter H, 1980' FNL x 660' FEL, S	ec. 22, T-24-S,	R-37-E		11. County or Parish, State			
12. CHECK APPROPRIA				Lea Co. NM			
TYPE OF SUBMISSION		DICATE NATURE OF NC		, OR OTHER DATA			
		TYP	E OF ACTION				
X Notice of Intent	Acidize	Deepen	Production	(Start/Resume) Water Shut-Off			
Subsequent Report	Alter Casing	Fracture Treat	Reclamation				
	Casing Repair	New Construction	X Recomplete				
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily				
	Convert to Injection		Water Dispo				
Describe Proposed or Coommpleted Operation (clearly If the proposal is to deepen directionally or recomple Attach the Bond under which the work will be perfor following completion of the involved operations. If is testing has been completed. Final Abandonment No determined that the final site is ready for final inspection	ormed or provide the B	ond No. on file with BLM/B	A. Required subs	a deputs of all pertinent markers and zones.			
The subject well is currently a soperation is to recomplete the we per the attached procedure. OCD Feenclosed.	ll as an oil we	ell in the Fowler; (lpper Siluri	an Pool (26640) as			
I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>)		Title					
Mark Stephens Mark S	tephene	Busi	ness Analys	t (<i>S</i> G)			
			05/00				
THIS S	PACE FOR FEDE	RAL OR STATE OFFIC					
pproved by		Title 15		Date / /			
ditions of approval, if any, are attached. Approval of the ify that the applicant holds legal or equitable title to the ch would entitle the applicant to conduct operations thereon.	is notice does not war ose rights in the subject	rant or Office F_{i}		Date 6/16/2000			
le 18 U.S.C. Section 1001, makes it a crime for any per idulent statements or representations as to any matter within	son knowingly and wi its jurisdiction.	llfully to make to any depart	ment or agency o	f the United States any false, fictitious or			
tructions on reverse)							

SOUTH MATTIX UNIT #5 RECOMPLETION

RECOMMENDED PROCEDURE

- 1. MIRU pulling unit. Kill well and ND wellhead and NU BOPE. POH with 2 7/8 inch tubing, Submersible pump cable, and Submersible pump and motor.
- 2. PU bit and additional 2 7/8 inch tubing and RIH to a depth of approximately 7365 feet (PBD). Circulate well with lease saltwater and POH.
- 3. RU wire line unit and Run CBL-Neutron-CCL log from 7300 feet to 4000 feet. RIH with CIBP and set at 7250 feet and cap with approximately 35 feet of cement. POH with wire line. Pressure test casing to 500 psig and hold for 15 minutes. If casing pressure test ok proceed to step #4 if not call office to discuss operations to locate problem and repair casing.
- 4. RIH with casing gun and perforate from 7151-7172 feet (2 SPF). POH with guns and RD wire line unit.
- 5. PU packer and RIH with 2 7/8-inch tubing pressure testing it to a depth of 7050 feet and set packer. RU swab equipment and swab test perforations.
- 6. RU Stimulation company and acidize perforations with 2500 gallons of 15 % HCL with additives and ball sealers.
- 7. RU swab equipment and swab test perforations. Report results of swab test to Houston Office.
- 8. Depending on results of tests above it may be necessary to add perforations through tubing from 7076-7100 feet (2 SPF)
- 9. Kill well, ND BOPE and NU wellhead. Swab well to production and RDMO pulling unit. Report results of well testing to Houston Office.

District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 S. 1st Street, Artesia, NM 88210-2834 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 Form C-102 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1	API Number ² Pool Code ³ Pool Name													
30	0-025-11							owler; Upper Silurian						
⁴ Property	Code		⁵ Property Name					Property Name ⁶ Well Number						
1958	82		South Mattix Unit Federal 5								5			
⁷ OGRID	No.										Elevation			
1579	84			Occidental	l Permia	rmian Limited Partnership					3247' DF			
_					⁰ Surface				<u> </u>					
UL or lot no.	Section	Township	Range	Lot. Idn		Feet from the		/South Line	Feet from the	East/West line		County		
н	22	24-S	37-е		19	80		North 660 Ea		Eas	st	Lea		
Bottom Hole Location If Different From Surface														
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from		r	/South Line	Feet from the	East/West line		County		
			0			in the North South Enter Peet none the		Last west fille		County				
12 Dedicated Acre	s ¹³ Join	nt or Infill 14	 Consolidation	n Code 15 Or	der No.		L		L					
40														
	WARIE		SSIGNED	TOTUS			INTER							
NO ALLO	WADLE	OR A N	JONSTA		NIT HAS	HON U REEN		ALL INTI	ERESTS HAVI THE DIVISIO	E BEEN	CONS	SOLIDATED		
<u></u>							ALL							
									¹⁷ OPERA	ATOR C	ERTI	FICATION		
									true and complet	that the inj e to the be	formation st of my l	n contained herein is knowledge and belief.		
							1							
			ľ				1980					ĺ		
							-							
·									Marks	Stephe	11			
						Signature								
						Mark Stephens								
						Printed Name Business Analyst (SG)								
						660' Title								
						05/05/00								
									Date					
						¹⁸ SURVEYOR CERTIFICATION								
						I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by								
									me or under my	supervision	, and t	ual surveys made by hat the same is true		
									and correct to the b	best of my be	lief.			
									<u>.</u>					
				<u> </u>		Date of Survey								
						Signature and Seal of Professional Surveyer:					eyer:			
						┛			Certificate Number	r		11		