

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025-27059

5. Indicate Type of Lease
FED ☐ STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

NORTH HOBBS (G/SA) UNIT

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other ☐ Injector ☐

8. Well No. 422

2. Name of Operator
Oxy Permian LTD.

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

9. Pool name or Wildcat HOBBS (G/SA)

4. Well Location
Unit Letter H : 1520 Feet From The NORTH Line and 1300 Feet From The EAST Line
Section 30 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3651 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Open Upper San Andres ☒

12. 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.

1. Pull injection equipment.
2. Set CIBP at ± 4140 .
3. Perforate San Andres from 4034' - to 4132'.
4. Stimulate new perms w/1000 g 15% HCL Acid.
5. RIH w/131 jts 2-7/8" Duoline tbq and pkr.
6. Set 5.5" Guib UNI VI pkr @4000'.
7. Circ csg w/pkr fluid. Test csg to 540 psi for 30 min and chart for the NMOCD.
8. RDPU. Clean Location.

Bottom of tbq @4000'.

Rig Up Date: 05/06/2002 Rig Up Date: 05/23/2002 Rig Up Date: 06/10/2002
Rig Down Date: 05/08/2002 Rig Down Date: 05/24/2002 Rig Down Date: 06/10/2002

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

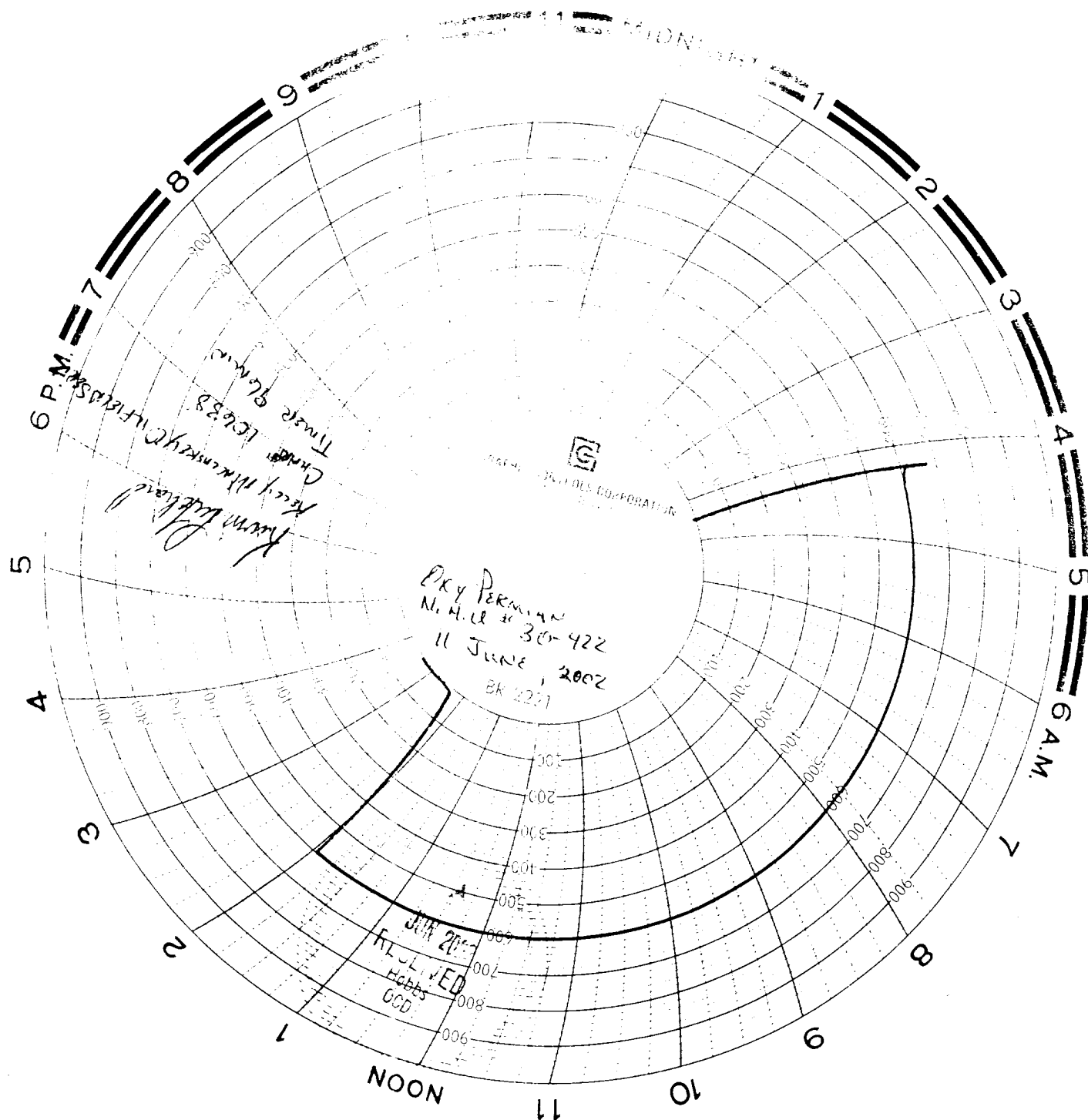
SIGNATURE Robert Gilbert TITLE SR. ENGR TECH DATE 06/19/2002
TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TITLE GRACE WINK DATE JUN 27 2002

CONDITIONS OF APPROVAL IF ANY:

FIELD REPRESENTATIVE II/STAFF MANAGER



1. *Journal of the American Medical Association*, 2000; 283: 2689-2695.