

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-07659

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
SOUTH HOBBS (G/SA) UNIT

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

2. Name of Operator OCCIDENTAL PERMIAN, LTD.

8. Well No. 84

3. Address of Operator 1017 W STANOLIND RD.

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

4. Well Location

Unit Letter B I : 1995 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 9 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3585' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: FAILED MIT ☒

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.

TEST DATE: 07/02/2002

REPAIRED TBG/RESET 5.5" GUIBERSON UNI VI PKR @ 3776' ON 116 JTS 2-3/8" DUOLINE TBG.

PRESSURE READING: INITIAL 540 PSI; 15 MIN - 530 PSI; 30 MIN - 520 PSI.

LENGTH OF PRESSURE READING HELD: 30 MIN.

Rig up date: 07/01/2002

Rig down date: 07/02/2002

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 07/07/2002
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY CARY W. WINK ORIGINAL TITLE BY CC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 11 2002
CONDITIONS OF APPROVAL IF ANY:

