

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

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-26935
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 30
8. Well No.	232
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 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 <input type="checkbox"/> Injector	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT Section 30
2. Name of Operator Occidental Permian Ltd.	8. Well No. 232
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	9. OGRID No. 157984
4. Well Location Unit Letter <u>K</u> : <u>1400</u> Feet From The <u>SOUTH</u> <u>1370</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	10. Pool name or Wildcat HOBBS (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3651' GR	
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 checked="" 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: _____ <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. RUPU. Pull injection equipment.
2. Sqz perfs 4138 to 4158 using 150 sx Prem + cmt w/3% CaCl.
3. Perforate the following intervals: 4204-10 using 2 spf and 180 deg ph. (14 holes).
4. Stimulate perfs 4204-4266 w/1050 g 15% acid.
5. RIH w/Guiberson 5.5" UNI VI pc pkr w/XL on/off tool w/1.875 ss"F" nipple, 124 jts 2-7/8" duoline tbq. Pkr set @4055'.
6. Circ csg w/100 bbl pkr fluid. Tst csg to 650 psi for 30 min and chart for the NMOCD.
7. RDPU. Clean Location.

Rig Up Date: 02/28/2005

Rig Down Date: 03/09/2005

closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/>
SIGNATURE <u>Robert Gilbert</u> TITLE <u>Workover Completion Specialist</u> DATE <u>03/18/2005</u>
TYPE OR PRINT NAME <u>Robert Gilbert</u> E-mail address: <u>robert.gilbert@oxy.com</u> TELEPHONE NO. <u>505/397-8206</u>

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APPROVED BY Larry W. Wink TITLE OG FIELD REPRESENTATIVE II / STAFF MANAGER DATE MAR 23 2005

CONDITIONS OF APPROVAL IF ANY:

