

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

1625 N. French Drive , Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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.)		WELL API NO. 30-025-36150
		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
		6. State Oil & Gas Lease No.
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
2. Name of Operator OCCIDENTAL PERMIAN LIMITED PARTNERSHIP		SECTION 32
3. Address of Operator 1017 W STANOLIND RD.		8. Well No. 548
4. Well Location Unit Letter <u>G</u> : <u>1956</u> Feet From The <u>NORTH</u> Line and <u>1477</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County		9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3638' 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: ☐

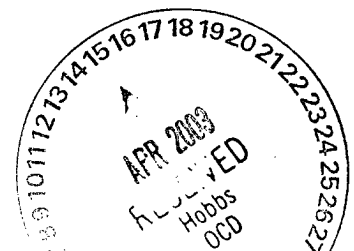
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: NEW WELL COMPLETION ☒

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.

Rig up Pulling Unit.
Perforate the San Andres Zone 4060' - 4256'.
Acidize San Andres perms w/7400 gal 15% HCL acid.
RIH w/production equipment. REDA ESP.
Rig Down and Clean Location.

Rig Up Date: 03/31/2003
Rig Down Date: 04/05/2003



~~Liability under bond is retained until surface restoration is completed.~~

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 04/08/2003
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Harry W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 15 2003
CONDITIONS OF APPROVAL IF ANY: