

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.
30-025-35452

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

Section 32

8. Well No. 834

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

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Occidental Permian Ltd.

3. Address of Operator

1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location

Unit Letter O : 2225 Feet From The EAST Line and 944 Feet From The SOUTH Line
Section 32 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3635 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: Temporarily Abandon ☒

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.

RUPU. POH laying down ESP equipment.
Set CIBP @4096'.
Set CIBP @4035'.
Set CIBP @4020'.
Tst csg to 500 psi.
Circ csg w/100 bbl pkr fluid.
Test csg to 580 psi for 30 min and chart for the NMOCD.
RDPU. Clean Location.

Well is Temporarily Abandoned.

Rig Up Date: 04/12/2004
Rig Down Date: 04/14/2004

This Approval of Temporary
Abandonment Expires 4/14/09

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

SIGNATURE Robert Gilbert TITLE Workover Comp Specialist DATE 04/19/2004

TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 505/397-8206

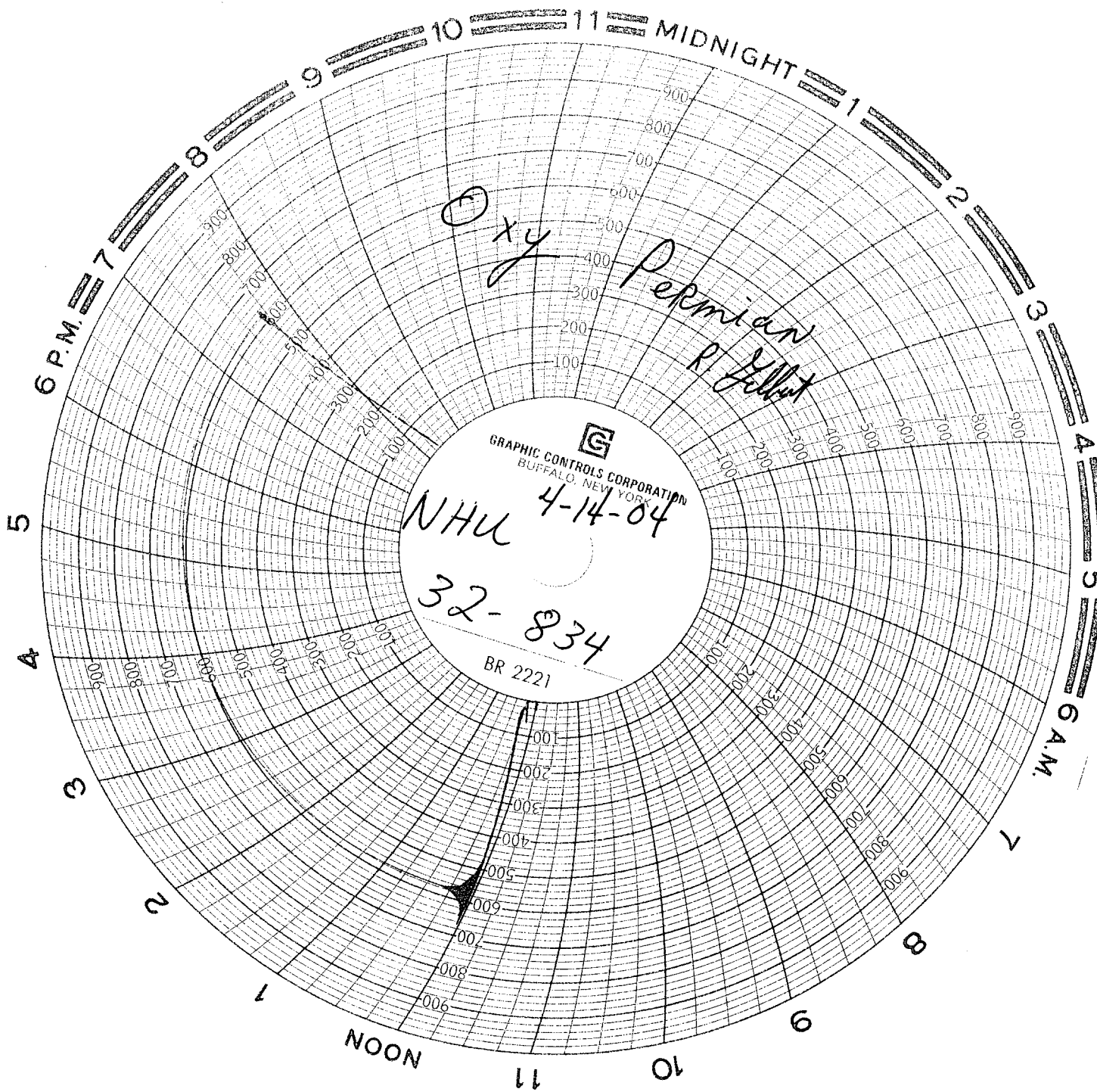
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OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Harry W. Wink TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

APR 27 2004



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

NHU 4-14-04

32-834

BR 2221

Oxy

Permian
R. Felt