

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.  
30-025-28885

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.)

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

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 P : 1230 Feet From The SOUTH Line and 220 Feet From The EAST Line  
Section 29 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3643 GL

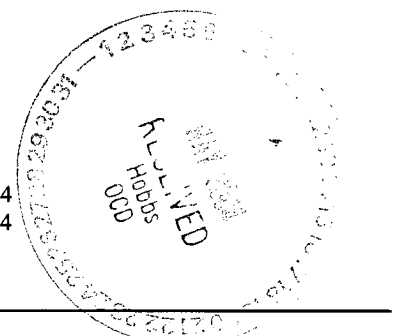
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                        |                                           | SUBSEQUENT REPORT OF:                                                                    |                                             |
|------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input 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"/>  |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/>                                      |                                             |
| OTHER: <input type="checkbox"/>                |                                           | OTHER: <u>Isolate lower San Andres perms w/CIBP.</u> <input checked="" type="checkbox"/> |                                             |

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. RUPU. Pull injection equipment.
2. Stimulate 4147, 54, 64, 71, and 78 w/420 g 15% NEFE HCL acid.
3. RIH w/7" G-6 PC pkr on 118 jts 3.5" Duoline tbg.
4. Set pkr @3955'. Bot of tbg @3950'.
5. Circ csg w/150 bbl pkr fluid.
6. Test csg to 580 psi for 30 min and chart for the NMOCD.
7. NU wellhead. RDPU. Clean Location.
8. Return to injection 05/05/2004.

Rig Up Date: 04/29/2004  
Rig Down date: 05/04/2004



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

SIGNATURE Robert Gilbert TITLE Workover Compl Specialist DATE 05/05/2004  
TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Harry W. Wink TITLE \_\_\_\_\_ DATE MAY 14 2004  
CONDITIONS OF APPROVAL IF ANY:

