State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

	OH	L CONSERV	VATION	DIVISIO)N					
<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505					WELL API NO. 30-025-29062				
DISTRICT II	Santa Pe, TVIVI 67505					5. Indicate Type of Lease				
811 S. 1st Street, Artesia, NM 88210					1	FED	STATE	X	FEE	
DISTRICT III					<u> </u>		Gas Lease No.		FEE	
1000 Rio Brazos Rd, Aztec, NM 87410					"	. State On &	Gas Lease No.			
	OTICES AND RI	DODTE ON U	THE							
I .										
DIFFERENT RES	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				
1. Type of Well:		1101 05/125.)			N	OKTHHO	BBS (G/SA) (JNH		
Oil Well	Gas Well	Other	NJECTOR				•			
2. Name of Operator						. Well No.	342			
Occidental Permian, Ltd.							3.2			
3. Address of Operator					9	. Pool name o	r Wildeat	HOBB	S (G/SA)	
1017 W. Stanolind Rd., HOBBS	NM 88240	505/3	97-8200						(
4. Well Location										
Unit Letter O: 145	Feet From The	SOUTH	Line and	1435	Feet Fro	om The	EAST	Line		
Section 24	Townsh			Range	37E	NMP	M	LEA	County	
	10. Elevation (a 3665 GL	Show whether DF, F	RKB, RT GR, e	tc.)						
11. Che	ck Appropriate B	ox to Indicate N	ature of No	tice Report	or Othe	r Data				
NOTICE OF IN	TENTION TO:						EPORT OF			
PERFORM REMEDIAL WORK	PLUG AND ABA	ANDON [BEMEDI							
				AL WORK			ALTERING	CASING		
TEMPORARILY ABANDON	CHANGE PLAN	s	COMMEN	ICE DRILLING	G OPNS.		. PLUG & AE	BANDON	JENT	
PULL OR ALTER CASING			CASING	TEST AND C	EMENT JO	ов 🔲				
OTHER: Open additional pay		X	OTHER:				No.		Г	
12. Describe Proposed or Completed Operation	ons (Clearly state all	pertinent details ar	d give pertine	nt dates inclu	dina astima	tad data of at				
SEE RULE 1103.	(and the second s	ia give perime	m aares, mem	uing estimu	ieu uaie oj sii	irung any propo	sea work)		
1 10 11 11 11 11 11 11 11 11 11 11 11 11										
1. Pull injection equipment.										
 Perforate upper San Andres. Acidize new perfs. 										
4. Run injection equipment.					-					
							123		•	
							1,232	463) ₍	(a)	
5. Test packer and wait to inject.							5,230	<u> </u>		
						. /6	1,230	753) ₍		
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						/ (A)	T-Hos		6 0 12 13 1	
							The Hopes	103)	19 0 10 12 13 14 h	
						- / (A)	True de la companya d	(FO)	121310157	
							The Hopes	150 mg	12.13.14.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16.15.16	
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5. Test packer and wait to inject.	true and complete to the	se heat of my knowle	ndas and bulla				Proposes Services	2029V	0 0 0 12 13 14 15 76 14 14 15 76 14 14 15 76 14 14 15 76 14 14 15 76 14 14 15 76 14 14 15 76	
5. Test packer and wait to inject. I hereby certify that the information flove is	true and complete to the	ne best of my knowle	edge and belie	f.			The Hobbs	2029)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
5. Test packer and wait to inject.	true and complete to the	ne best of my knowl	edge and belie	f. Engineerin	ng Advisor		DATE DATE	2020 2020 4-2	6-0K	
5. Test packer and wait to inject. I hereby certify that the information flove is	JAN L	ne best of my knowl	-		g Advisor		DATE		6-0K	
5. Test packer and wait to inject. I hereby certify that the information flove is SIGNATURE	JAN L	ne best of my knowl	-	Engineerin	ng Advisor	TEL	DATE EPHONE NO.	505/39	6-0K	
I hereby certify that the information flove is SIGNATURE TYPE OR PRINT NAME D. NELSO (This space for State Use)	JAN L	ne best of my knowl	OC FIEL	Engineerin	g Advisor	TEL	DATE EPHONE NO.	505/39	77-8200	
I hereby certify that the information flove is SIGNATURE TYPE OR PRINT NAME D. NELSO	JAN L	ne best of my knowl	TITLE	Engineerin	g Advisor	TEL	DATE EPHONE NO.	505/39	77-8200	