

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

WELL API NO.	30-025-07597
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SOUTH HOBBS (G/SA) UNIT
8. Well No.	31
9. 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 INJECTOR	
2. Name of Operator OCCIDENTAL PERMIAN LIMITED PARTNERSHIP	
3. Address of Operator 1017 W STANOLIND RD.	
4. Well Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3613' 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: Sqz san Andres Zone 1 ☐

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.

Dug out and replaced 20' of 6-5/8" csg below surf. Added 20' of 9-5/8" to surf.

Rig up Pulling Unit.

Sqz San Andres Zone 1 from 4040' - 4055'.

RIH w/6-5/8" G-6 pkr, XL on/off tool w/1.625 "F" nipple on 122 jts 2-3/8" Duoline tbg.

Set pkr @3861'. Circ csg w/120 bbl pkr fluid.

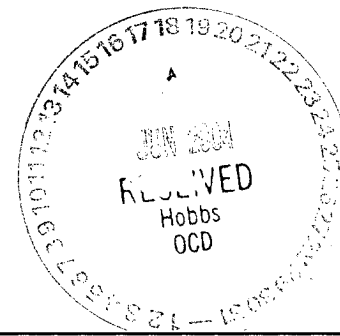
Test csg to 640# for 30 min and chart for the NMOCD.

Rig Down and Clean Location.

Well returned to injection.

Rig Up Date: 06/03/2004

Rig Down Date: 06/08/2004

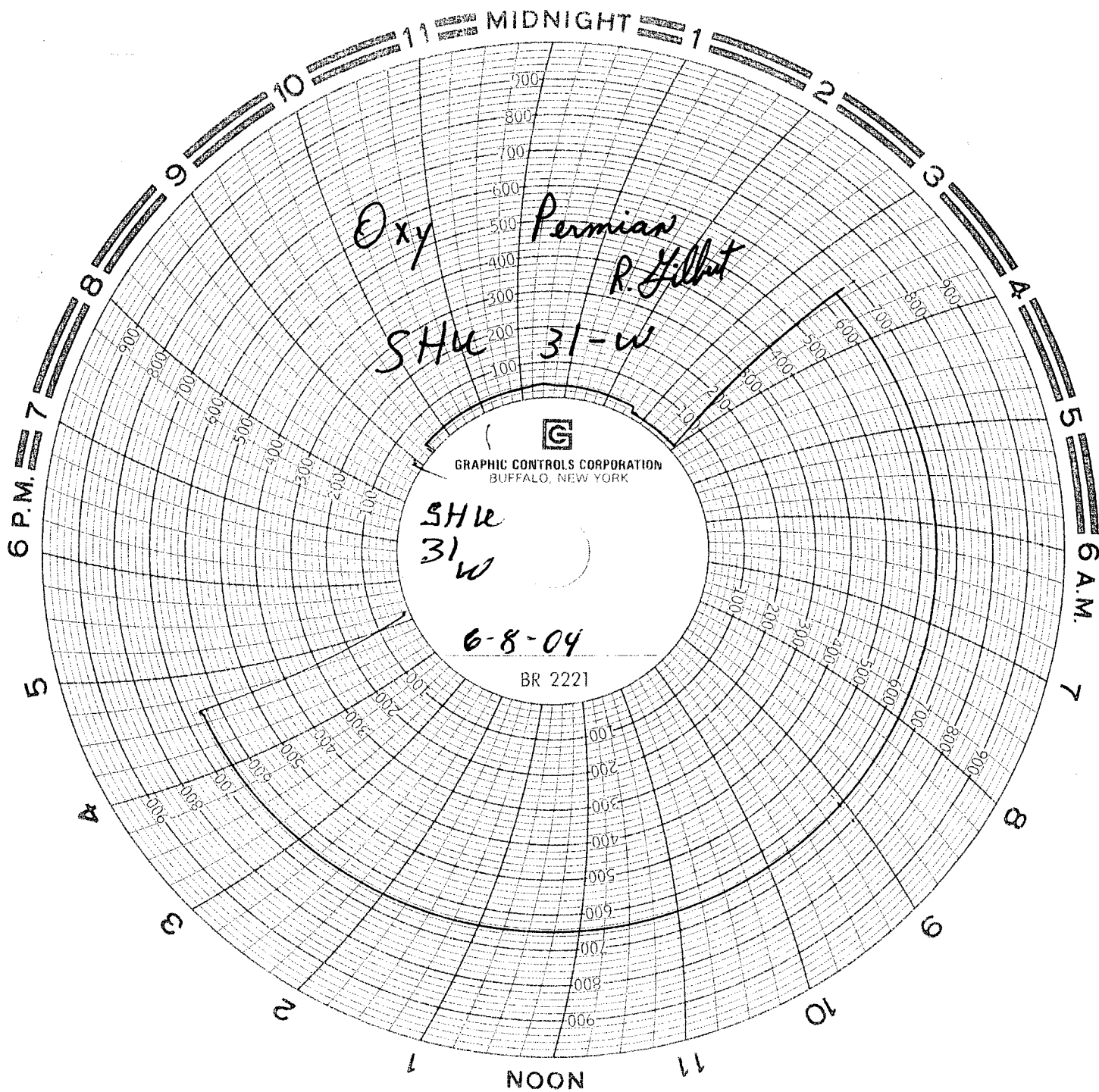


I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert Gilbert TITLE Workover Compl Specialist DATE 06/10/2004
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OG FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 22 2004
CONDITIONS OF APPROVAL IF ANY:



SEA. A1 # 10638

5-21-04

CR1- ~~12-2-03~~

60 min clock

by Smith

Ben Fisher