

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.	30-025-07518
5. Indicate Type of Lease	FED ☐ STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
8. Well No.	322
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 ☒ 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 <u>G</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3637' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Convert well to ESP. Open Additional Pay</u> ☒

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 and lay down rods and pump.
2. Perfoate the following intervals 4067-73 and 4077-80, using 2 JSPF and 180 deg ph. (22 holes).
3. Pump 500 g Xylene. Asphaltines in prod tbg.
4. Stimulate perms 4070 - 4195 w/2000 g 15% NEFE HCL acid.
5. RIH w/Reda ESP equipment on 129 jts 2-7/8" tbg. Intake set @4040'.
6. Rig down pulling unit. Clean Location.

Rig Up Date: 06/17/2004
Rig Down Date: 06/23/2004

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 06/26/2004
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Hayden Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 06 2004
CONDITIONS OF APPROVAL IF ANY: