

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-29130
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OCCIDENTAL PERMIAN, LTD		6. State Oil & Gas Lease No.
3. Address of Operator 1017 W STANOLIND RD.		7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
4. Well Location Unit Letter <u>B</u> <u>10</u> Feet From The <u>NORTH</u> Line and <u>2630</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18-S</u> <u>37-E</u> NMPM LEA County		8. Well No. <u>312</u>
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3668' GL		9. Pool name or Wildcat HOBBS (G/SA)

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 Well ☒

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. Pull injection equipment.  
Set pkr @3900'. Tst csg to 1000 psi. Held OK.  
Set CIBP @3900'.  
Circ csg w/150 bbl pkr fluid.  
Tst csg to 530 psi for 30 min and chart for the NMOCD.  
RDPU. Clean Location.

Well is Temporarily Abandoned

This Approval of Temporary  
Abandonment Expires 8/9/09

Rig Up Date: 08/04/2004  
Rig Down Date: 08/09/2004

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 08/10/2004  
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 12 2004

CONDITIONS OF APPROVAL IF ANY:

