

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I  
1625 N. French Dr. , Hobbs, NM 88240

1220 South St. Francis Dr.  
Santa Fe, NM 87505

DISTRICT II  
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05477
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT Section 24
8. Well No. 111
9. OGRID No. 157984
10. 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 T&A'd
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>D</u> : <u>330</u> Feet From The <u>NORTH</u> <u>990</u> Feet From The <u>WEST</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3673' GL
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material

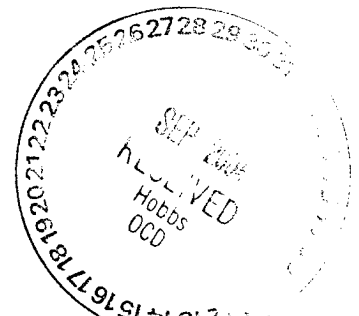
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
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"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____	<input type="checkbox"/>	OTHER: <u>Run 5.5" tie back liner to surf.</u>	<input type="checkbox"/>

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. RU csg crew. Run 5.5" ULT FJ 15.5# tie back liner from 3942' to surf.
  2. RU HES. Mix and pump 300 sx cmt and circ to surf.
  3. Drill out FC @3892'. Drill out Baker Guide shoe @3938'. Drill out cmt to 3960'.
  4. Tst csg to 800 psi. Held OK.
  5. Load csg w/100 bbl pkr fluid. Tst csg to 560 psi for 30 min and chart for the NMOCD.
  6. RDPU. Clean Location.
- Well returned to T&A status.

Rig Up Date: 09/23/2004  
Rig Down Date: 09/28/2004

This Approval of Temporary  
Abandonment Expires 9/27/09



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Robert Gilbert TITLE Workover Completion Specialist DATE 09/29/2004  
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert.gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

OCT 12 2004

