

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. 30-025-09876

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
NORTH HOBBS (G/SA) UNIT

8. Well No. 221

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 ☐ Gas Well ☐ Other INJECTOR

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 F : 2310 Feet From The NORTH 2970 2310 Feet From The EAST W Line
Section 24 Township 18-S Range 37-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3668 GL

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

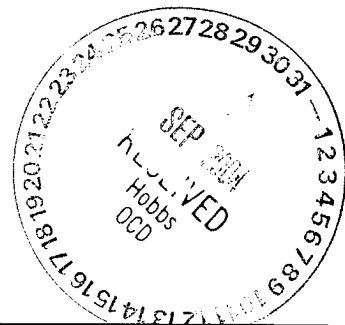
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ Multiple Completion ☐
OTHER: Convert to Producer ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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. Pull injection equipment.
2. Stimulate with acid.
3. Run production equipment.



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 David Nelson TITLE Engineering Advisor DATE 9-23-04

TYPE OR PRINT NAME David Nelson E-mail address: _____ TELEPHONE NO. 505/397-8200

For State Use Only

APPROVED BY Gary W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 12 2004

CONDITIONS OF APPROVAL IF ANY: