

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.  
30-025-05484

5. Indicate Type of Lease  
STATE ☒ FEE ☐

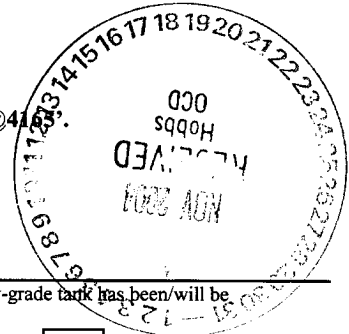
6. State Oil & Gas Lease No.

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.)		7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT Section 24
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	8. Well No. 131	
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	10. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>SOUTH</u> <u>1315</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.) 3671' GR		
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 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>Convert to Injector</u> <input checked="" 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.

- Replace wellhead for CO2 service. Sqz csg leak from 221' to 762' w/600 sx P+ cmt. Sqz perfs 4135-45' w/200 sx P+ w/2% CaCl.
- Run 92 jts 5.5" 15.5# ULT FJ csg from top of 5" liner @3942' to surf. Circ cmt to surf.
- Deepen well from 4200' to 4300'.
- Run CNL/CCL/GR log from 4300' to 3300'. Fax logs to Houston Engr.
- Stimulate open hole 4200' to 4300' w/2500 g 15% NEFE HCL acid.
- Run 5.5" Guiberson UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple, 134 jts 2-7/8" Duoline tbq. Pkr set @4163'.
- Load csg w/110 bbl pkr fluid. Tst csg to 560 psi for 30 min and chart for the NMOCD.
- RDPU. Clean Location.



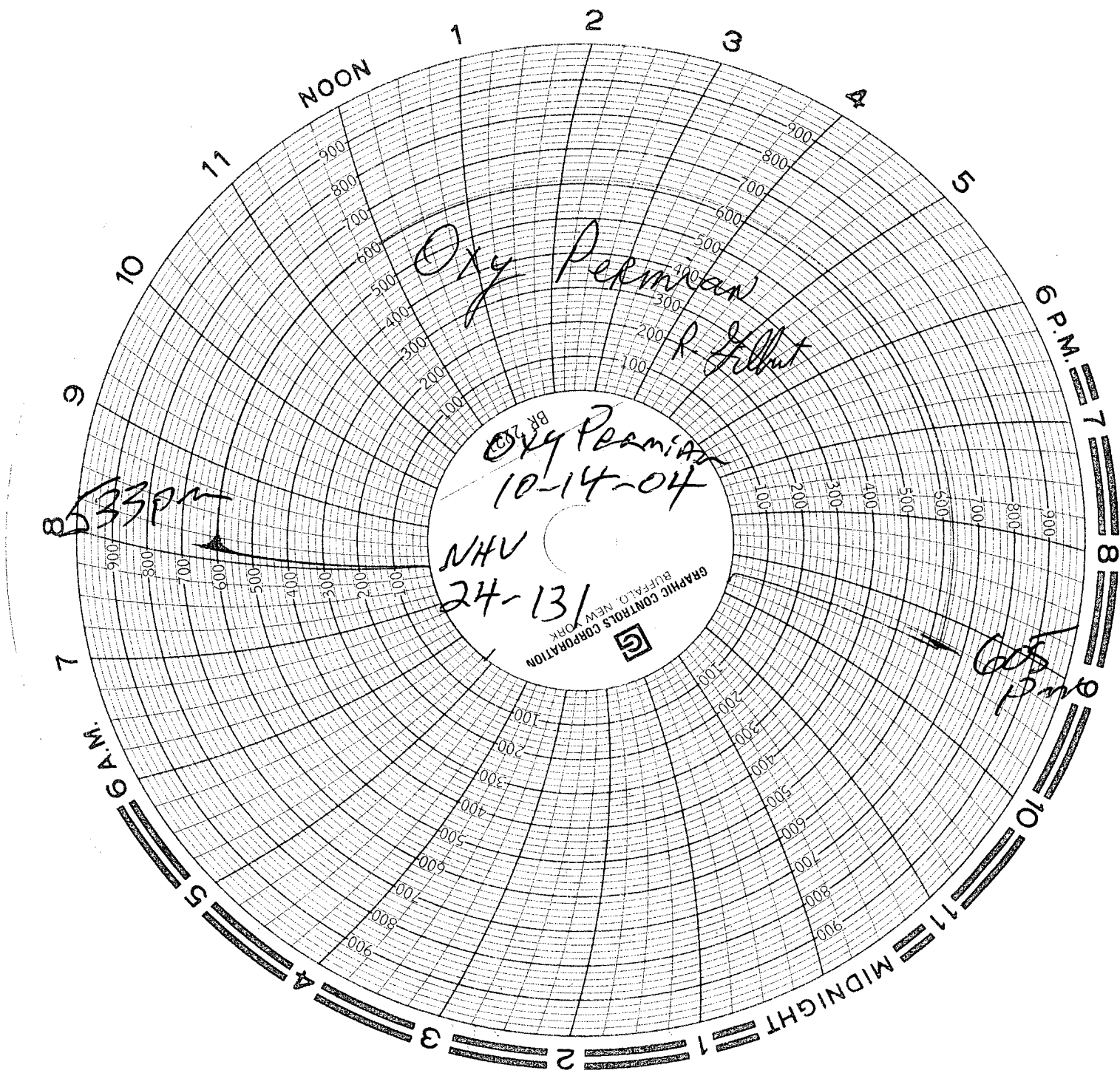
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or

closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Robert Gilbert TITLE Workover Completion Specialist DATE 10/27/2004  
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert\_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY Gary W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 08 2004  
CONDITIONS OF APPROVAL IF ANY:



Oxy Permean

R. Hilbert

Oxy Permean  
10-14-04

NHV  
24-131

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

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Pinto