

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.	30-025-07448
5. Indicate Type of Lease	<u>Fed</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT Section 29
8. Well No.	141
9. OGRID No.	157984
10. Pool name or Wildcat	HOBBS (G/SA)

<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.)	
1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>
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>M</u> : <u>330</u> Feet From The <u>SOUTH</u> <u>330</u> Feet From The <u>WEST</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3644' 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	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: _____	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. RUPU. Pull Injection equipment.
2. Stimulate San Andres perms 4118 to 4228 w/2100 g 15% NEFE HCL acid
3. RIH w/4.5" Guiberson UNI VI pc pkr, XL on/off tool w/1.43 ss "F" nipple.
4. 127 jts 2-7/8" Duoline tbg. **Pkr set @3967'.**
5. Tst csg to 1000 psi. Held OK.
6. Load csg w/100 bbl pkr fluid. Tst csg to 540 psi for 30 min and chart for the NMOCD.
7. RDPU. Clean Location.

Rig Up Date: 11/09/2004  
Rig Down Date: 11/16/2004

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 11/29/2004  
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert\_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY Gary W. Wink

CONDITIONS OF APPROVAL IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DEC 22 2004

