

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-025-27001

5. Indicate Type of Lease

FED

STATE

FED ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTH HOBBS (G/SA) UNIT  
Section 30

8. Well No. 442

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 P : 1300 Feet From The SOUTH 1050 Feet From The EAST Line

Section 30

Township 18-S

Range 38-E

NMPM

LEA

County

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

3643' 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: \_\_\_\_\_

**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. RUPU. Pull injection equipment.
2. Re-Perforate the following intervals; 4250-56, 4264-67, 4272-74, and 4278-82.
3. Stimulate perms 4130-4282 w/2000 15% NEFE HCL acid
4. Run 4.5" G6 pc pkr, XL on/off tool w/1.875 ss "F" nipple.
5. 128 jts 2-7/8" Duoline tbg. Pkr set @4062'.
6. Circ csg w/120 bbl pkr fluid. Load and tst csg to 540 psi for 30 min and chart for the NMOCD.
7. RDPU. Clean Location.

Rig Up Date: 02/22/2005

Rig Down Date: 02/28/2005

closed according to NMOCD guidelines ☐ , a general permit ☐

or an (attached) alternative OCD-approved plan ☐

SIGNATURE

Robert Gilbert

TITLE

Workover Completion Specialist

DATE

03/01/2005

TYPE OR PRINT NAME

Robert Gilbert

E-mail address:

robert\_gilbert@oxy.com

TELEPHONE NO.

505/397-8206

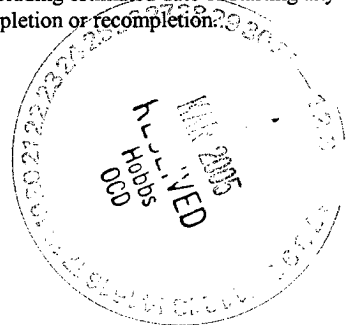
For State Use Only

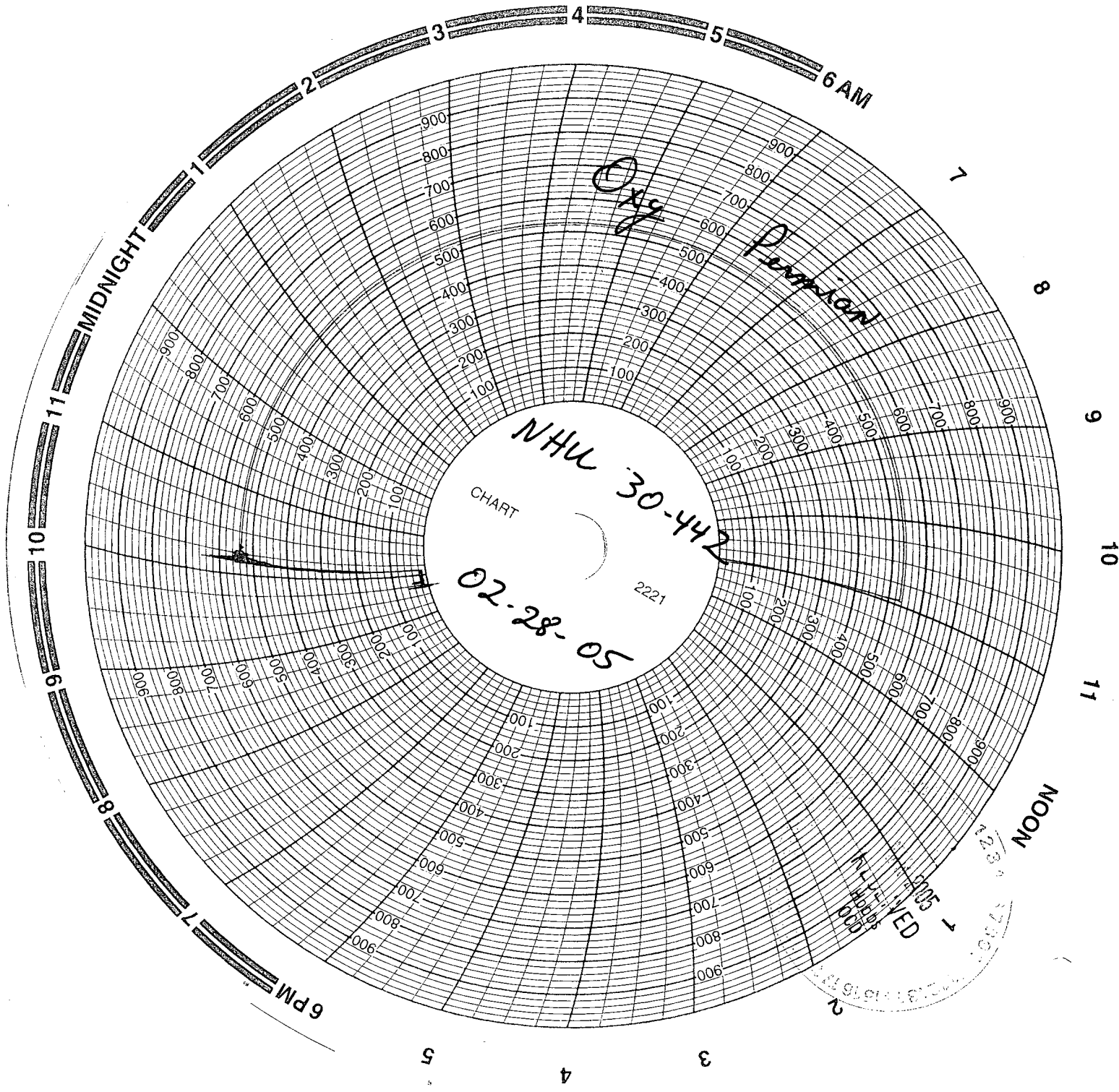
APPROVED BY

Gary W. Wink

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL IF ANY:





NHU 30-442  
02-28-05  
2221

Oxy  
Purification

RECEIVED  
12 28 05