

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.	30-025-29063
5. Indicate Type of Lease	STATE <input checked="" 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 30
8. Well No.	112
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 <input checked="" type="checkbox"/> 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 <u>D</u> : <u>200</u> Feet From The <u>NORTH</u> <u>1310</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3657' 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 checked="" 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: _____	<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.

- RUPU. Pull injection equipment.
- Sqz perfs 4117 to 4129 using 250 sx Prem + cmt w/3% CaCl.
- Stimulate perfs 4142-4282 w/2000 g 15% NEFE HCL acid.
- RIH w/7" Guiberson UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple, 132 jts 2-7/8" Duoline tbq. Pkr set @4080.
- Circ csg w/160 bbl pkr fluid. Tst csg to 640 psi for 30 min and chart for the NMOCD.
- RDPU. Clean Location.

Rig Up Date: 03/31/2005
Rig Down Date: 04/11/2005

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 04/18/2005

TYPE OR PRINT NAME Robert Gilbert E-mail address: robert.gilbert@oxy.com TELEPHONE NO. 505/397-8206

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APPROVED BY Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE 4/22/05

CONDITIONS OF APPROVAL IF ANY:

