

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.	30-025-37127
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 19
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	8. Well No. 615	
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>D</u> : <u>469</u> Feet From The <u>NORTH</u> <u>402</u> Feet From The <u>WEST</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County		
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3667' 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>New Well Completion</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.

- RUPU. Drill out DV tool @3498'. Tag PBTD @4354'.
- Perforate the following intervals; 4160-65, 4168-73, 4192-97, 4204-11, 4213-20, 4223-36, 4239-46, 4251-54, 4256-69, 4273-82 using 2 spf 120 deg sp ph. (138 holes).
- Stimulate perfs 4160 to 4282 w/3600 g 15% NEFE HCL acid in 42 settings.
- RIH Reda ESP equipment on 125 jts 2-7/8" tbg w/drain valve. Intake set @4113'.
- Install QCI wellhead connection.
- RDPU. Clean Location.

Rig Up Date: 04/21/2005
Rig Down Date: 04/28/2005

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 05/03/2005
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505-397-8206

For State Use Only

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____
CONDITIONS OF APPROVAL IF ANY:

MAY 05 2005