

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. <div style="text-align: right;">30-025-07448</div>	
5. Indicate Type of Lease 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)	

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 <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 LEA 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	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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.

1. RUPU. Pull Injection equipment.
 2. Sqz csg leak @4080-4120 w/310 sx Prem + cmt w/3% CaCl. **Tight spot @4087' and 4144'. Ran Mill thru tight spots to PBTD @4238'.**
 3. Stimulate perms 4142 to 4228 w/1260 g 15% NEFE HCL acid
 4. RIH w/4.5" Hyd pkr, 5 jts 2-3/8" Ext and Int coated tbg, 4.5" Guiberson UNI VI pc pkr, XL on/off tool w/1.43 ss "F" nipple.
 5. 126 jts 2-7/8" Duoline tbg. **Hyd pkr set @4110'. Uni VI pkr set @3956'. Tst csg to 1000 psi. Held OK.**
 6. Load csg w/40 bbl pkr fluid. Tst csg to 525 psi for 30 min and chart for the NMOCD.
 7. RDPU. Clean Location.
 - 8.
- Rig Up Date: 04/21/2005 Rig Up Date: 05/05/2005
 Rig Down Date: 05/02/2005 Rig Down Date: 05/06/2005

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 05/10/2005

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

For State Use Only
 APPROVED BY Henry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 17 2005

CONDITIONS OF APPROVAL IF ANY:

