

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.  
30-025-07514

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
NORTH HOBBS (G/SA) UNIT  
Section 31

8. Well No. 121

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 E : 1980 Feet From The NORTH 990 Feet From The WEST Line  
Section 31 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3653' GR

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:		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: _____ Failed MIT <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.

1. RUPU. Ru WIRELINE TRUCK.
2. Set 1.875 "F" plug in profile. Test tbg to 3000 psi. Held OK.
3. Tst csg to 1000 psi for 20 min. Held OK..
4. Test csg to 600 psi for 30 min and chart for the NMOCD.
5. RDPU. Clean Location.

Rig Up Date: 05/25/2005

Rig Down Date: 05/25/2005



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 06/01/2005

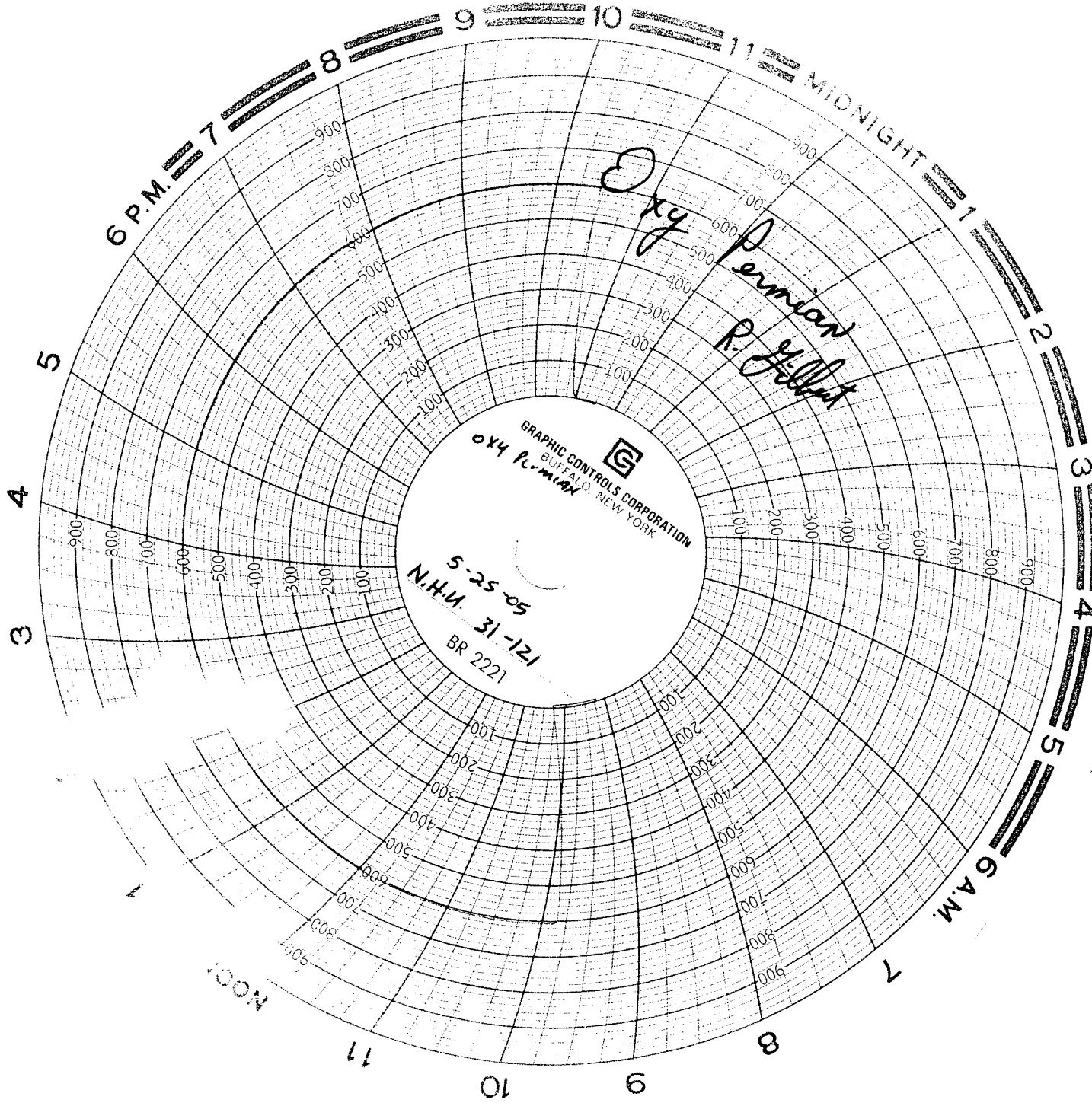
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert\_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only  
APPROVED BY Hayward Wink TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

JUN 15 2005



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
oxy R-MAX

5-25-05  
N.H.U. 31-121  
BR 2221



oxy

Permian  
R. Hill