

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.	30-025-28332
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SOUTH HOBBS (G/SA) UNIT
8. Well No.	128
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>335</u> Feet From The <u>NORTH</u> <u>520</u> Feet From The <u>WEST</u> Line Section <u>3</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>1234567891011121314151617181920212223242526272829303132333435363738394041424344454647484950</u> LEA <u>7</u> County <u>1234567891011121314151617181920212223242526272829303132333435363738394041424344454647484950</u>
11. Elevation (Show whether DF, RKB, RT GR, etc.)	3604' GL
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit Type <input type="checkbox"/> Depth of Ground Water <input type="checkbox"/> Distance from nearest fresh water well <input type="checkbox"/> Distance from nearest surface water <input type="checkbox"/>	
Pit Liner Thickness <input type="checkbox"/> mil Below-Grade Tank: Volume <input type="checkbox"/> bbls; Construction Material <input type="checkbox"/>	

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: <input type="checkbox"/> MIT Failure	<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. Pull injection equipment.
2. RIH w/5.5" Guiberson UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple, 124 jts 2-3/8" IPC tbq.
3. Pkr set @3971'.
4. Tst csg to 1000 psi. Held OK.
5. Load csg w/100 bbl pkr fluid. Tst csg to 560 psi for 30 min and chart for the NMOCD.
6. RDPU. Clean Location.

Rig Up Date: 06/02/2005
Rig Down Date: 06/06/2005
Return well to injection. 06/14/2005

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 06/15/2005

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

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APPROVED BY Hayley W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 16 2005

CONDITIONS OF APPROVAL IF ANY:

