

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

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL APINO.

30-025-26973

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 32

8. Well No. 323

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 G : 1370 Feet From The NORTH 1400 Feet From The EAST Line

Section 32

Township 18-S

Range 38-E

NMPM

LEA

County

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

3637' 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____ Failed MIT ☒

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of start and proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Set 1.875 blanking plug. Tst tbg to 3000 psi. Held Ok.
2. RUPU. Pull injection equipment.
3. Test csg to 1000 psi for 30 min. Held OK..
4. Test csg to 5200 psi for 30 min and chart for the NMOCD.
5. RIH w/5.5" UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple, 121 jts 3.5" Duoline tbg. Set pkr @3962
6. RDPU. Clean Location.

Rig Up Date: 05/27/2005

Rig Down Date: 06/02/2005

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 06/16/2005

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 W. Wink

CONDITIONS OF APPROVAL IF ANY:

CC FIELD REPRESENTATIVE / STAFF MANAGER

DATE

JUN 22 2005

