

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.
30-025-26935

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 30

8. Well No. 232

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 K : 1400 Feet From The SOUTH 1370 Feet From The WEST Line
Section 30 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3651' 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 checked="" 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"/>	

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 perms 4138 to 4158 using 150 sx Prem + cmt w/2% CaCl. Clean out to 4288'.
3. Perforate the following intervals: 4186-90 and 4204-10 using 2 spf and 180 deg ph. (24 holes).
4. Stimulate perms 4186-4210 w/750 g 15%NEFE HCL acid.
5. RIH w/Guiberson 5.5" UNI VI pc pkr w/XL on/off tool w/1.875 ss"F" nipple, 124 jts 2-7/8" duoline tbg. Pkr set @4055'.
6. Circ csg w/90 bbl pkr fluid. Tst csg to 530 psi for 30 min and chart for the NMOCD.
7. RDPU. Clean Location.

Rig Up Date: 07/12/2005

Rig Down Date: 07/20/2005

closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Robert Gilbert TITLE Workover Completion Specialist DATE 07/26/2005

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 OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 10 2005

CONDITIONS OF APPROVAL IF ANY:

