

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. 30-025-22125 07472

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. 331

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 J : 2335 Feet From The SOUTH 2310 Feet From The EAST Line
Section 30 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3642' 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <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 perfs 4014 to 4225 using 600 sx Prem + cmt w/2% CaCl. **Could Not sqz perfs..**
3. Deepen well to from 4238 to 4288'. **Run 4.5" partial liner from 3964-4259.** Cmt w/50 sx P+ cmt.
4. Perf the following intervals: 4154-56, 4160-62, 4172-76, 4198-4202, 4210-14, 4222-26, and 4234-40 using 2 spf, and 180 deg ph. (66 holes).
5. Stimulate perfs 4154-4240 w/2100 g 15%NEFE HCL acid.
6. RIH w/Guiberson 4.5" G-6 pc pkr w/XL on/off tool w/1.875 ss "F" nipple, 126 jts 2-7/8" duoline tbq. **Pkr set @4104'.**
7. Circ csg w/95 bbl pkr fluid. Tst csg to 600 psi for 30 min and chart for the NMOCD. RDPU. Clean Location. *** NOTE: New PBTD = 4259'.

Rig Up Date: 08/24/2005

Rig Down Date: 09/21/2005

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

SIGNATURE Robert Gilbert TITLE Workover Completion Specialist DATE 10/04/2005

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 OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____

CONDITIONS OF APPROVAL IF ANY:

OCT 12 2005

