

## N.M. Oil Cons. Division

1625 N. French Dr.

Hobbs, NM 88240

Form 3160-5  
(June 1990)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injector	5. Lease Designation and Serial No.
2. Name of Operator Oxy Permian Ltd.	6. If Indian, Allottee or Tribe Name.
3. Address and Telephone No. 1017 W. Stanolind Rd., Hobbs NM 88240 (505) 397-8200	7. If Unit or CA, Agreement Designation. North Hobbs G/SA Unit
4. Location of Well (Footage, Sec., T., R., M, or Survey Description) 1300 FSL & 1050 FEL Sec 30, T-18-S, R-38-E Unit Letter P	8. Well Name and No. North Hobbs Unit #442
	9. API Well No. 30-025-27001
	10. Field and Pool, or Exploratory Area Hobbs Grayburg/San Andres Pool
	11. County or Parish, Lea, NM

## 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

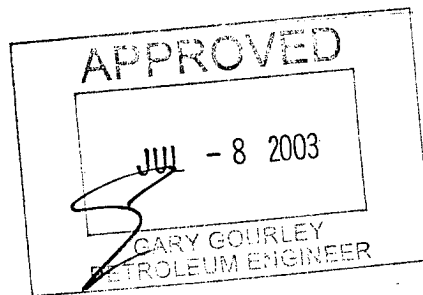
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Squeeze Upper San Andres	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completions on Well Completion or Recompletion Report and Log form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Pull injection equipment.
2. Set CIBP at  $\pm 4085$ .
3. Squeeze cement into upper San Andres perf. (4048-76). ✓
4. Notify NMOCD of packer test.
5. Run injection equipment and return well to water injection.

Submitted NMOCD State forms to district office.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

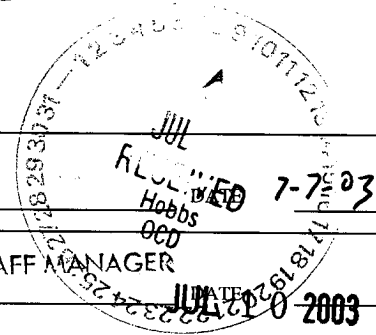
ENGR.

(This space for Federal or State office use)

APPROVED BY

OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL IF ANY:



Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.