

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.	30-025-07481
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT Section 30
8. Well No.	131
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
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>L</u> : <u>2310</u> Feet From The <u>SOUTH</u> <u>330</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.)	3656' 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 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: <u>Convert to injection</u> <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. Replaced wellhead for CO2 Service.
2. Sqz Perfs 4006-4140' w/200 sx Pre + cmt w/2% CaCl. Clean out to PBTD @4278'.
3. Perforate the following intervals; 4172-84 and 4190-95, using 2 spf, 120 deg spiral ph. (38 holes).
4. Stimulate new perfs w/3000 g 15% NEFE HCL acid.
5. RIH 5" UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple, 127 jts 2-7/8" Duoline tbg. Pkr set @4164'.
6. Circ csg w/80 bbl pkr fluid. Tst csg to 700 psi for 30 min and chart for the NMOCD.
7. RDPU. Clean Location.

Rig Up Date: 01/05/2006
Rig Down Date: 01/17/2006

PMX-237

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	<u>Robert Gilbert</u>	TITLE	<u>Workover Completion Specialist</u>	DATE	<u>01/26/2006</u>
TYPE OR PRINT NAME	<u>Robert Gilbert</u>	E-mail address:	<u>robert_gilbert@oxy.com</u>	TELEPHONE NO.	<u>505/397-8206</u>

For State Use Only

APPROVED BY Ray W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____

CONDITIONS OF APPROVAL IF ANY: _____

FEB 07 2006

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Gas Well ☐

Other ☐

2. Name of Operator

Occidental Permian Ltd.

3. Address of Operator

1017 W. Stanolind Rd., HOBBS, NM 88240

4. Well Location

Unit Letter L : 231

Section 23

Pit or Below

Pit Type

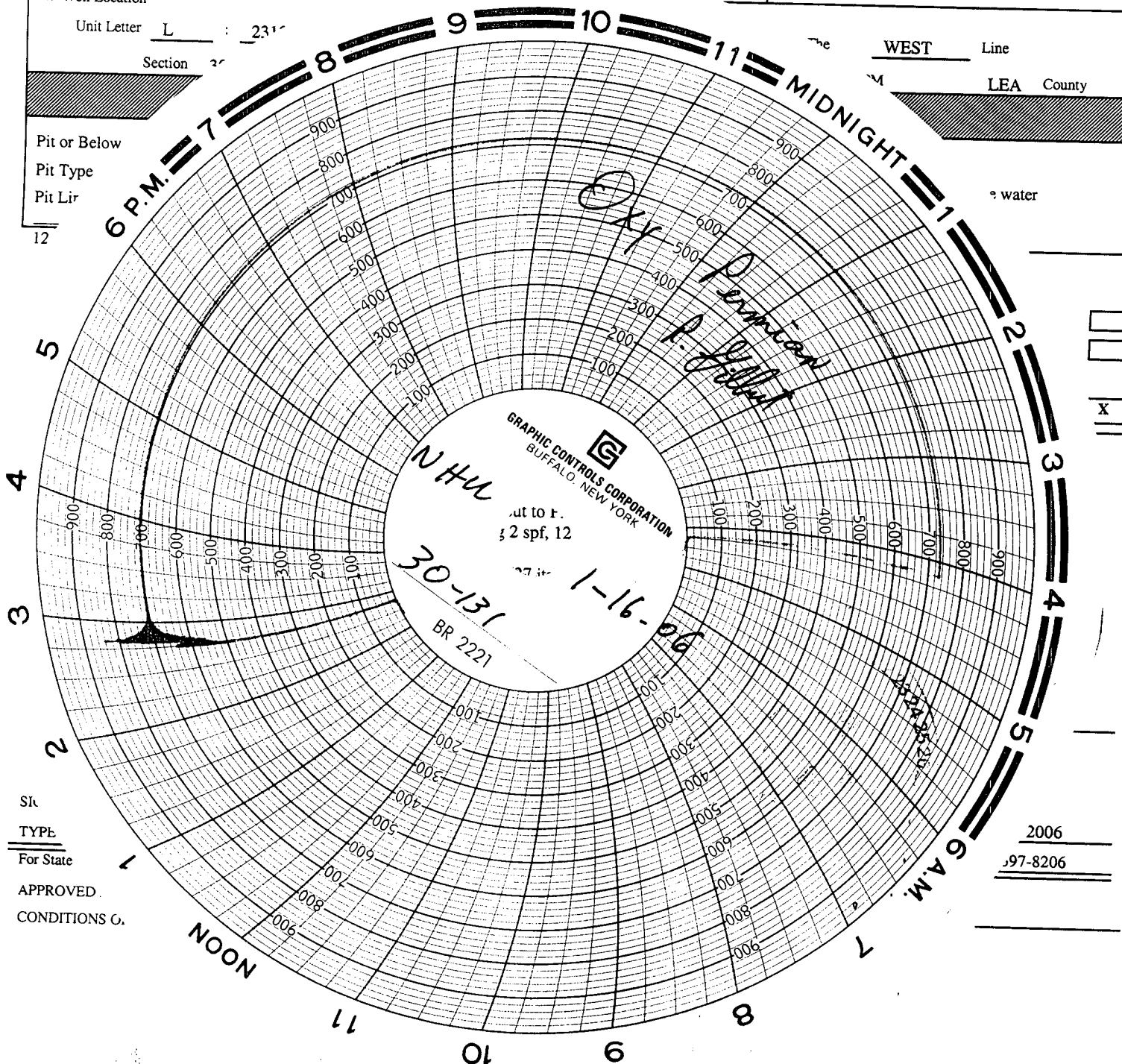
Pit Lir

12

WEST Line

LEA County

water



SL

TYPE

For State

APPROVED

CONDITIONS G.

2006

97-8206