

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 API NO. 30-025-37409	
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 29	
8. Well No. 635	
9. OGRID No. 157984	
10. Pool name or Wildcat HOBBS (G/SA)	

11. Elevation (Show whether DF, RKB, RT GR, etc.) 3646' GR	
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 _____	

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 X : 1665 Feet From The SOUTH 1240 Feet From The EAST Line Section 29 Township 18-S Range 38-E NMPM LEA County	

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>New Well Completion</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.

- RUPU. Drill out DV tool @3509'. Clean out to PBTD @4352'.
- Perforate the following intervals; 4091-4104, 4109-12, 4161-68, 4174-89, 4195-4208, 4219-22, 4230-41, 4253-62, AND 4270-79 using 2 spf, 120 deg sp ph. (184 holes).
- Stimulate perms 4091 to 4279 w/4100 g 15% NEFE HCL acid in 46 settings.
- RIH 5.5" G-6 pc pkr, XL on/off tool w/1.875 ss "F" nipple, 124 jts 2-7/8" Duoline tbg. Set pkr @4047'.
- Circ csg w/90 bbl pkr fluid. Tst csg to 680 psi for 30 min and chart for the NMOCD.
- RDP. Clean Location.

Rig Up Date: 01/09/2006

Rig Down Date: 01/12/2006

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 01/26/2006
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER **FEB 07 2006**
CONDITIONS OF APPROVAL IF ANY:

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NORTH HOBBS (G/SA) UNIT
Section 29

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1. Type of Well:

Oil Well ☒ X

Gas Well ☐

Other

2. Name of Operator

Occidental Permian Ltd.

3. Address of Operator

1017 W. Stanolind Rd., HOBBS, NM

4. Well Location

Unit Letter J

Section

Pit or Below:

Pit Type:

Pit Line:

12.

F

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The
const
closed

SIGNATURE

TYPE OR PRINT

For State Use Only

APPROVED BY

CONDITIONS OF APPROVAL

