## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-200

FILE IN TRIPLICATE	OH CONSERV	ATION DIVISION		Revised 5-27-2004
DISTRICT I	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO.	
1625 N. French Dr. , Hobbs, NM 88240			32-025-07503	
DISTRICT II	Sunta 1 0,		5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210			STATE	FEE X
DISTRICT III			6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410		····		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreen	nent Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			North Hobbs (G/SA) Unit	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)  1. Type of Well:			Section 31  8. Well No. 211	
Oil Well X Gas Well Other			8. Well No. 211	
2. Name of Operator			9. OGRID No. 157984	
Occidental Permian Ltd.				
3. Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX  4. Well Location	79323		<u> </u>	
Unit Letter 440	Feet From The North	2310 Feet	t From The West	Line
Section 31	Township 18-S	Range 38-E	NMPM	Lea County
	11. Elevation (Show whether DF, RK		V////////	
	3642' GL			
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 Na	ture of Notice, Report, or C	Other Data	
NOTICE OF INTE			SEQUENT REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	NS. PLUG & A	BANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	IT JOB	
OTHER:		OTHER:		
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. Kill well, POOH w/ESP eq		remotre diagram of proposed c	completion of recompletion.	212223242526
2. Pump 500 gal of Xylene & flush w/			1920	- S-S-
3. Scan tbg out of hole.			11/16/1	600 E/
<ol> <li>Run CNL/GR/CCL from PBTD up</li> <li>Set pkr @4142, load &amp; test csg to 5</li> </ol>			167,	
6. Load csg w/16 bbl 10#, pump 840 gal Xylene, 500 gal 15% PAD, 500# gelled rock salt, 1000 gal PAD acid, 500# gelled rock salt, 500#				
500# gelled rock salt 500 gal PAD. Pump 11 bbl fresh water flush & locked up on salt. Work salt for two hrs. Pkr @4 \$2 % tail pine @4172'				
Acidize perfs w/3000 gal of 15% acid & 1500# rock salt.  7. Swab fluid out of hole. Total of 260 bbls.  8. Pump chemical squeeze of 200 gal of 6490 chemical mixed w/100 bbl of fresh water. Flush w/500 bbl fresh water.  9. Ran back in hole w/ESP equipment on 131 its of 2-3/8" tbg. Intake set @4108'  RUPU 05/15/06 RDPU 05/23/066 8 L 95 PM 05/23/066 8 PM 05/23/066 8 L 95 PM 05/23/066 8 PM 05/23/0				
<ul><li>7. Swab fluid out of hole. Total of 260</li><li>8. Pump chemical squeeze of 200 gal of</li></ul>		of fresh water Flush w/500	) bbl fresh water	
9. Ran back in hole w/ESP equipment			05/15/06 RDPU 05/23/	16878848.
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I hereby certify that the information above is t constructed or	rue and complete to the best of my know	ledge and belief. I further certify	that any pit or below-grade tank h	nas been/will be
closed according to NMOCD guidelines	, a general permit	or an (attached) alternative	e OCD-approved	
$\mathcal{T}_{\alpha}$		plan		
SIGNATURE / YUNGY	(1) Ashmon	TITLE Administrative	Associate DATI	
TYPE OR PRINT NAME Mendy A Jo	phnson E-mail address:	Mendy iohnson@oxv.com	TELEPHONE NO.	806-592-6280
TYPE OR PRINT NAME Mendy A Johnson E-mail address: Mendy johnson@oxy.com REPRESENTATIVE II/STAFF MATELEPHONE NO. 806-592-6280				
$\mathcal{H}$ . 1	1 Jak OG FIE	TITLE	DA	TE JUN 2020
APPROVED BY LOUIS OF A PROVAL IT ANY		IIILE	DA	
CONDITIONS OF APPROVAL IDANY:				
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