

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-07664
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

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.)		Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injector	Name of Operator Occidental Permian LTD.	Well No. 82
Address of Operator 1017 W. Stanolind Rd. Hobbs, New Mexico	Pool name or Wildcat Hobbs(G/SA)	
Well Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line 9 Section 19S Township 38E Range NMPM Lea County		
Elevation (Show whether DF, RKB, RT, GR, etc.)		

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

6-30-03 SeT CIBP @ 3950'.

7-1-03 Circulate Hole Salt Gel Mud. Spot 25 sx Class C 3950'-3572'. Perforate 4 SPF @ 2680' Squeeze 35 sx Class C. WOC. Tag Plug @ 2460'.

7-2-03 Perforate 4 SPF @ 1600'. Squeeze 35 sx Class C WOC. Tag Plug @ 1490'. Perforate 4 SPF @ 382'. Circulate 126 sx Class C out Annulus & Leave Casing Full.
Cut off & Install Dry Hole Marker

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNATURE Bobby Correy TITLE QA Supervisor DATE 7-2-03
TYPE OR PRINT NAME BOBBY CORREY TELEPHONE NO. 432 638-7379

(This space for State Use)

APPROVED BY Henry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE 07 2003
CONDITIONS OF APPROVAL, IF ANY: