

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.  
30-025-07700

Indicate Type of Lease

STATE ☐

FEE ☒

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 ☐

GAS  
WELL ☐

OTHER Injector

Name of Operator  
Occidental Permian LTD.

Well No.  
98

Address of Operator  
1017 W. Stanolind Rd. Hobbs, New Mexico

Pool name or Wildcat  
Hobbs(G/SA)

Well Location

Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line

16 Section 19S Township 38E Range NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)

11

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.

7-3-03 Set CIBP @ 3987'.

7-4-03 Circulate Hole Salt Gel Mud. Spot 25 sx Class C 3987'-3609'.

7-7-03 Perforate 4 SPF @ 2680'. Squeeze 35 sx Class C WOC. Tag Plug @ 2453'. Perforate 4 SPF @ 1600'. Could not pump into perms.  
O.K. Buddy Hill NMOCD to spot plug.

7-8-03 Spot 35 sx Class C 1650'-1121'. WOC. Tag Plug @ 1232'. Perforate 4 SPF @ 353'. Circulate 126 sx Class C up 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 Gray*

TITLE

*PTA Supervisor*

DATE

*7-8-03*

TYPE OR PRINT NAME

*BOBBY GRAY*

TELEPHONE NO.

*472*

*1638-7379*

(This space for State Use)

APPROVED BY

*Harry W. Wink*

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

DATE

*AUG 07 2003*

CONDITIONS OF APPROVAL, IF ANY: