State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| FILE IN TRIPLICATE | FILE IN TRIPLICATE OIL CONSERVATION DIVISION | | | | | | | | |
|--|--|-----------------------------------|----------------|---------|-----------------|--|------------|-----|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 882 | 40 | 2040 Pacheco St. | | | | WELL API NO. 30-025-27001 | | | |
| DISTRICT II | *** | Santa Fe, NM 87505 | | | | 5. Indicate Type of Lease | | | |
| 811 S. 1st Street, Artesia, NM 88 | 3210 | | | | FED X | | FEE | | |
| DISTRICT III | | | | | 6. State Oil & | Gas Lease No. | | | |
| 1000 Rio Brazos Rd, Aztec, NM 87410 | | | | | | | | | |
| 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" | | | | | | 7. Lease Name or Unit Agreement Name | | | |
| (FORM C-101 FOR SUCH PROPOSALS.) | | | | | | NORTH HOBBS (G/SA) UNIT | | | |
| 1. Type of Well: | Con Well | Can Well Other Lines | | | | Gustan 20 | | | |
| 2. Name of Operator | Oil Well Gas Well Other Injector | | | | | Section 30 8. Well No. 442 | | | |
| Oxy Permian LTD. | | | | | | 0. Wolf 10. 442 | | | |
| 3. Address of Operator | | | | | | or Wildcat | HOBBS (G/ | SA) | |
| 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 4. Well Location | | | | | | | | | |
| Unit Letter P : | 1300 Feet From T | he SOUTH | Line and | 1050 | Feet From The | EAST | Line | | |
| | | | • | | | | | | |
| Section 30 | Town | ship 18S I (Show whether DF, R | | | 38E NMI | PM ************************************ | LEA Cou | nty | |
| | 3643 GL | (Show whether DI', N | und, ni on, en | , | | | | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | | | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | | | | | |
| PERFORM REMEDIAL WOR | K PLUG AND A | BANDON | REMEDIA | L WORK | | ALTERING | CASING | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT | | | | | | | | · _ | |
| PULL OR ALTER CASING CASING TEST AND CEMENT JOB | | | | | | | | | |
| OTHER: | | | OTHER: | Run | 345' of 4.5" FJ | liner | | X | |
| 12. 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. | | | | | | | | | |
| SEE ROLL 1103. | | | | | | | _ | | |
| 1. Pull injection equipment. 2. Spot sand from PBTD to 4300'. 3. Run 345' of 4.5" FJ, 10.50# csg from 4300' to 3955'. ** Note TOL @3955'. 4. Circ 10 bbl cmt behind liner. 5. Perforate the following intervals 4164-74, using 1 JSPF. (11 holes) 6. Perforate the following intervals using 2 JSPF 4186-90, 4198-4206, 4214-20, and 4230-40. (64 holes). 7. Stimulate new perfs w/1100 g 15% NEFE HCL acid. | | | | | | | | | |
| Spot sand from PBTD to 4300'. Run 345' of 4.5" FJ, 10.50# csg from 4300' to 3955'. ** Note TOL @3955'. Circ 10 bbl cmt behind liner. Perforate the following intervals 4164-74, using 1 JSPF. (11 holes) | | | | | | | | | |
| 4. Circ 10 bbl cmt behind liner. | | | | | | | | | |
| 5. Perforate the following intervals 4164-74, using 1 JSPF. (11 holes) | | | | | | | | | |
| 6. Perforate the following intervals using 2 JSPF 4186-90, 4198-4206, 4214-20, and 4230-40. (64 holes). 7. Stimulate new perfs w/1100 g 15% NEFE HCL acid. | | | | | | | | | |
| 7. Stimulate new perfs w/1100 g 15% NEFE HCL acid. 8. RIH w/5.5" Guiberson G-6 pkr on 124 jts 2-7/8" Duoline tbg. 9. Pkr set @3936'. Top perf @4164'. Bottom of tbg @3936'. 10. Circ csg w/pkr fluid. Test csg to 580 psi for 30 min and chart for the NMOCD. | | | | | | | | | |
| 9. Pkr set @3936'. Top perf @4164'. Bottom of tbg @3936'. | | | | | | | | | |
| 10. Circ csg w/pkr fluid. Test csg to 580 psi for 30 min and chart for the NMOCD. 11. RDPU. Clean location. | | | | | | | | | |
| 11. RDPU. Clean location | • | | | | | C68272 | 96- | | |
| Rig Up Date 07/28/2003 | Rig Down Date: 08 | /04/2003 | | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | | |
| - fr | 0+ last + | | - | | | | | | |
| SIGNATURE SIGNATURE | my green | | TITLE | SR ENGR | ***** | DATE | 08/05/2003 | | |
| TYPE OR PRINT NAME ROBERT GILBERT (This space for State Use) | | | | | | | | | |
| H CELED REPRESENTATIVE II/STAFF MANAGERAUG 0 7 2003 | | | | | | | | | |
| | | | | | | | | | |
| CONDITIONS OF APPROVAL | IF ANY: | | | | | | | | |

