

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-26934

5. Indicate Type of Lease
FED ☐ STATE ☒ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name
NORTH HOBBS (G/SA) UNIT

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other ☐ Injector

8. Well No. 222

2. Name of Operator
Oxy Permian LTD.

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

9. Pool name or Wildcat HOBBS (G/SA)

4. Well Location
Unit Letter F : 1370 Feet From The NORTH Line and 1850 Feet From The WEST Line
Section 29 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3643 GL

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: PB and open Upper San Andres ☒

SUBSEQUENT REPORT OF:

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

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.

1. Pull injection equipment.
2. Set CIBP at ± 4215 .
3. Perforate San Andres and acid stimulate.
4. Run injection equipment and circulate packer fluid.
5. Notify NMOCD of packer test.

This work will prepare this well to commence CO2/Water injection under D.O. R-6199-B

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

SIGNATURE [Signature] TITLE PROD ENGR
TYPE OR PRINT NAME D. NELSON

DATE 12/5/06
TELEPHONE NO. 505/397-8200

APPROVED BY [Signature] TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER
CONDITIONS OF APPROVAL IF ANY:

DATE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DEC 08 2006