

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Water Injector

2. Name of Operator

Oxy Permian Ltd.

3. Address and Telephone No.

1017 W. Stanolind Rd., Hobbs NM 88240 (505) 397-8200

4. Location of Well (Footage, Sec., T., R., M. or Survey Description)

1300 FSL & 1050 FEL

Sec 30, T-18-S, R-38-E

Unit Letter P

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name.

7. If Unit or CA, Agreement Designation.

North Hobbs G/SA Unit

8. Well Name and No.

North Hobbs Unit #442

9. API Well No.

30-025-27001

10. Field and Pool, or Exploratory Area

Hobbs Grayburg/San Andres Pool

11. County or Parish,

Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

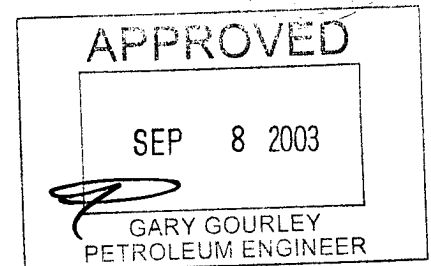
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Squeeze Liner Top
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completions on Well Completion or Recompletion Report and Log form)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Pull injection equipment.
2. Set CIBP at ± 4080 .
3. Squeeze cement into perf. (4164-74).
4. Re-Perf 4164-74.
5. Notify NMOCD of packer test.
6. Run injection equipment and return well to water injection.

Submitted NMOCD State forms to district office.



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

SIGNATURE

TITLE

ENGR

DATE

9-3-03

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.