

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.	30-025-27169
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
SECTION	33
8. Well No.	322
9. Pool name or Wildcat	HOBBS (G/SA)

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.)

1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR
2. Name of Operator	OCCIDENTAL PERMIAM, LTD.
3. Address of Operator	1017 W STANOLIND RD.
4. Well Location	Unit Letter <u>G</u> : <u>1385</u> Feet From The <u>NORTH</u> Line and <u>1820</u> Feet From The <u>EAST</u> Line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3653' 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: ☐

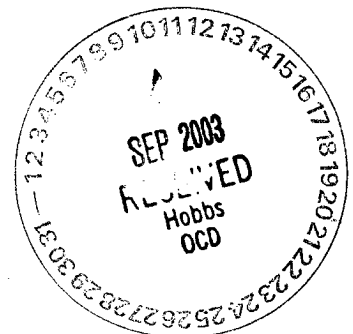
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Cmt sqz San Andres Zone 1 ☒

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.

RUPU. Pull injection equipment.
Tight spot in csg @4261'.
Sqz bad csg @4000'.
Set 5.5" Guiberson UNI VI Pkr @3996'.
124 jts 2-7/8" Duoline tbg. Bot of tbg @3996'.
Circ csg w/90 bbl pkr fluid.
Load and tst csg to 660 psi for 30 min and chart for the NMOCD.
RDPU. Clean Location.
WELL RETURNED TO INJECTION.

RIG UP DATE : 08/18/2003 Rig Up Date: 09/02/2003
RIG DOWN DATE: 08/21/2003 Rig Down Date: 09/04/2003

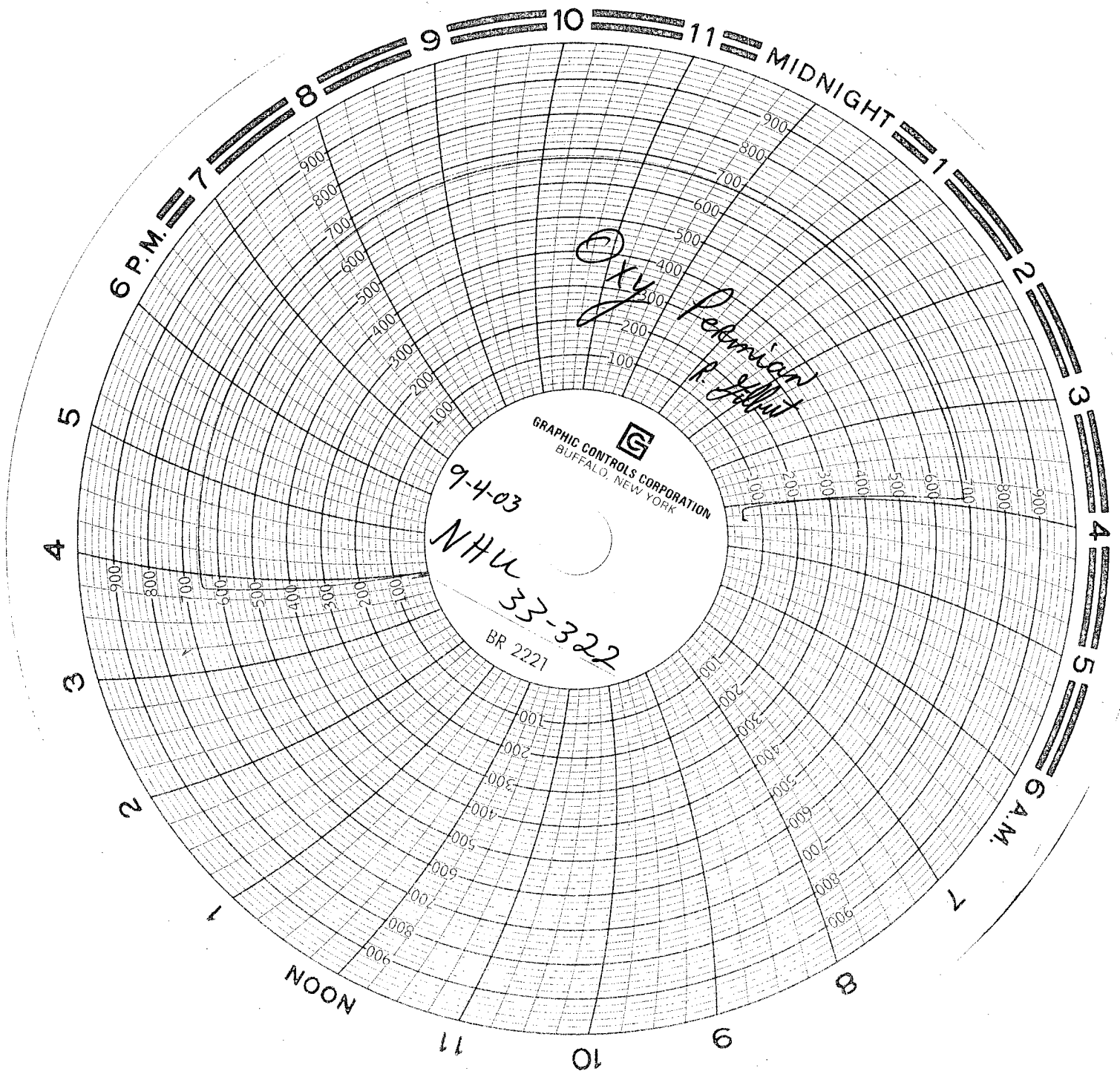


I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert Gilbert TITLE Sr. Engr Tech DATE 09/07/2003
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 11 2003
CONDITIONS OF APPROVAL IF ANY:



SEP 11 2003

NH-33-322
9-4-03
Recorder # 87#15936
60-min.

Ben Foster
Smith Services.