

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

FILE IN TRIPLICATE

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

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

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

**RECEIVED**  
**OIL CONSERVATION DIVISION**  
2040 Pacheco St.  
Santa Fe, NM 87505  
**AUG 31 2009**  
**HOBBSOCD**

WELL API NO	30-025-07500
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 /
8. Well No.	341
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 <input checked="" type="checkbox"/> INJECTOR ✓
2. Name of Operator	OXY PERMIAN LTD
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240
4. Well Location	Unit Letter <u>O</u> : <u>1315</u> Feet From The <u>SOUTH</u> Line and <u>1325</u> Feet From The <u>EAST</u> Line Section <u>31</u> Township <u>18S</u> Range <u>38E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3651' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <u>Annual injection profile</u>	<input checked="" type="checkbox"/>

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. RU PU<sup>1</sup>
2. Set 1.87 BP @ 4083, Test TBG RP to 1500 PSI OK
3. Set PKR @ 4063'
4. Move PKR up 1JT to 4030". RU 30 min chart @ 620 PSI, Chart good
5. CIRC Well With 150 BBLS 10# PKR Fluid
6. Latch onto PKR, install Wrap around, NU INJ tree
7. Run 30 Min chart for MIT - Chart good
8. RDPU RDRU, job complete

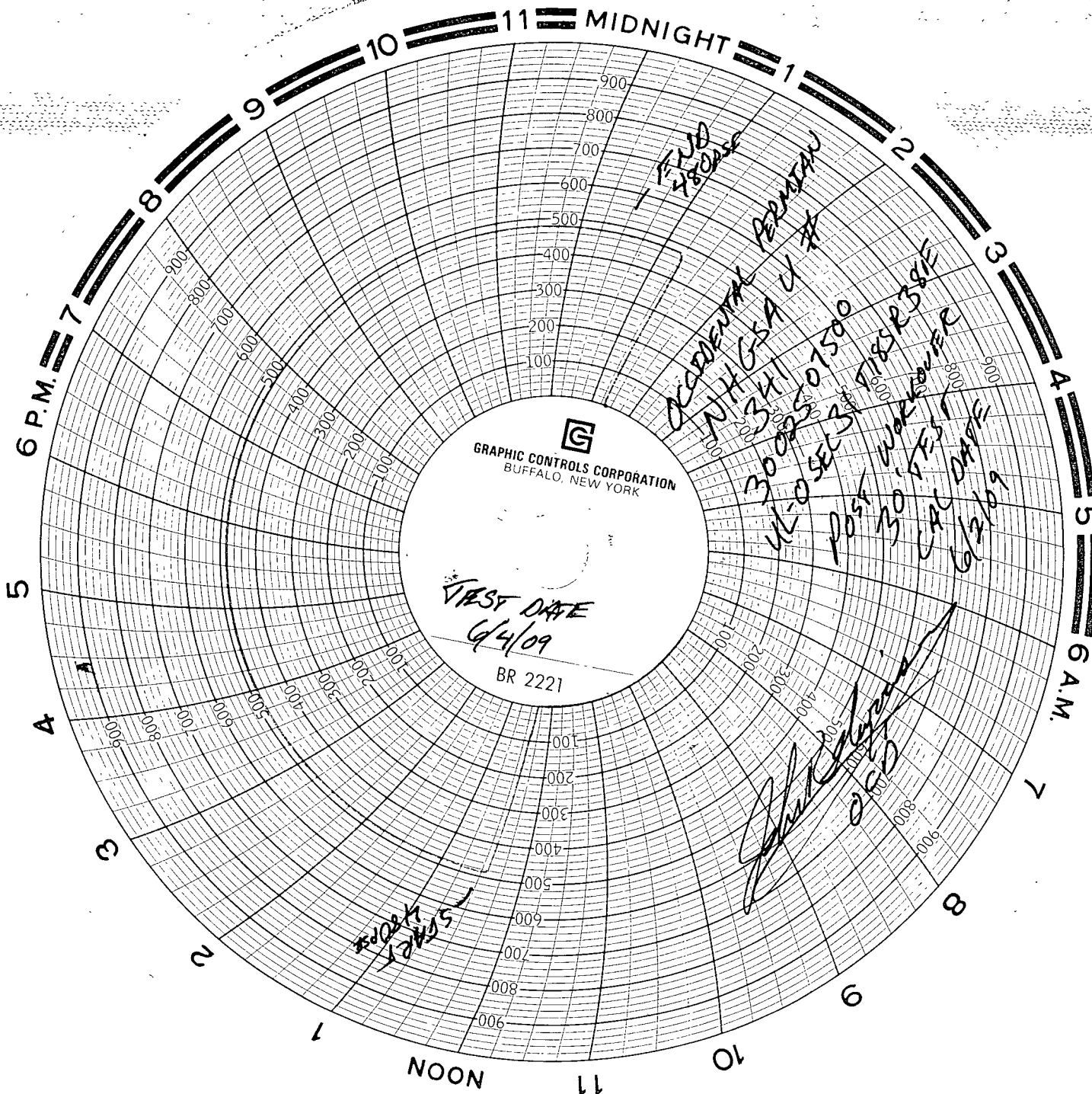
Rig Up Date. 06/01/09  
Rig Down Date: 06/04/09

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

SIGNATURE Rebecca Larmon TITLE Administrative Assistant DATE 08/09/09  
TYPE OR PRINT NAME Rebecca Larmon TELEPHONE NO. 575-397-8247

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE SEP 01 2009  
CONDITIONS OF APPROVAL IF ANY:



TEST DATE  
6/4/09

BR 2221

END  
480000

ACCIDENTAL BENEFIT  
NY GSA 4 #  
341

3002507500  
ULIO SEC 3

POST WORKER  
30 TEST  
CAL DATE  
6/2/09

*[Signature]*  
060

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4000