

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. 30-025-27140

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

2. Name of Operator

Occidental Permian Ltd.

8. Well No. 222

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 : 1720 Feet From The NORTH Line and 1370 Feet From The WEST Line
Section 32 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3632 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

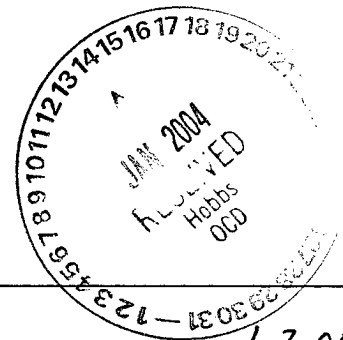
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Squeeze, Re-Perf, & Stimulate ☒

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. Squeeze lower San Andres (4190-4250).
3. CO and Re-Perf (4156-4232).
4. Acidize perfs.
5. Run injection equipment.
6. Notify NMOCD to witnessed packer test.



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

SIGNATURE

D. Nelson

TITLE

PROD ENGR

DATE

1-7-04

TYPE OR PRINT NAME

D. NELSON

TELEPHONE NO.

505/397-8200

(This space for State Use)

APPROVED BY

Gary W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

DATE

JAN 15 2004

CONDITIONS OF APPROVAL IF ANY: