

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.

30-025-34871

5. Indicate Type of Lease

FED ☒

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTH HOBBS (G/SA) UNIT

8. Well No. 813

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 ☐

Gas Well ☐

Other TA'd Inject

2. Name of Operator

Occidental Permian Ltd.

3. Address of Operator

1017 W. Stanolind Rd., HOBBS, NM 88240

505/397-8200

4. Well Location

Unit Letter L : 1450 Feet From The SOUTH Line and 469 Feet From The WEST Line

Section 29

Township 18S

Range 38E

NMPM

LEA County

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

3644 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: Shut off lower San Andres injection

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

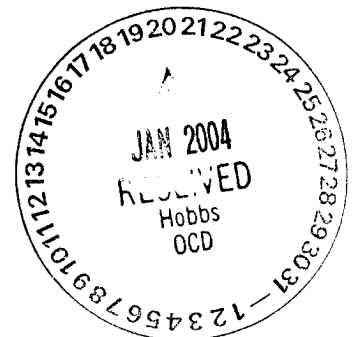
PLUG & ABANDONMENT ☐

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. PB casing to 4235 with CIBP.
3. Run injection equipment.
4. Circulate packer fluid and notify NMOCD of packer test.



**THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.**

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

SIGNATURE

TITLE PROD ENGR

DATE 1-13-04

TYPE OR PRINT NAME D. NELSON

TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY

Harry W. Wink **OC FIELD REPRESENTATIVE II/STAFF MANAGER**

TITLE

JAN 21 2004

CONDITIONS OF APPROVAL IF ANY: