

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.

30-025-05477

5. Indicate Type of Lease

FED ☐

STATE ☐

FEE ☒

X

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.)

1. Type of Well:

Oil Well ☐

Gas Well ☐

Other

INJECTOR

2. Name of Operator

OCCIDENTAL PERMIAM, LTD.

3. Address of Operator

1017 W STANOLIND RD.

7. Lease Name or Unit Agreement Name

NORTH HOBBS (G/SA) UNIT

~~SECTION 24~~

8. Well No.

111

9. Pool name or Wildcat

HOBBS (G/SA)

4. Well Location

Unit Letter

D

: 330

Feet From The

NORTH

Line and

990

Feet From The

WEST

Line

Section 24

Township

18-S

Range

37-E

NMPM

LEA

County

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

3673 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: ☐

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. LAY DOWN RODS AND PUMP.
SQZ LINER TOP LEAK W/195 SKS, 14.8#, 3% CMT.
DRILL OUT CMT AND TEST LINER TOP TO 600 PSI. HELD OK.
CLEAN OUT TO 4250'.
PERFORATE FROM 4170' TO 4234'. 4 JSPF WITH 90 DEGREE PHASE.
ACID TREAT WITH 1500 G 15% HCL ACID.
RIH W/REDA ESP PRODUCTION EQUIPMENT.
RDPU. CLEAN LOCATION.

RIG UP DATE : 07/27/00

RIG DOWN DATE: 08/15/00

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

SIGNATURE

Robert N. Gilbert

TITLE

DOWNHOLE SPECIALIST

DATE

07/03/2000

TYPE OR PRINT NAME

R.N. GILBERT

TELEPHONE
NO.

505/397-8206

(This space for State Use)

APPROVED BY

TITLE

ORIGINAL REPORT BY

DATE

07/15/2000

CONDITIONS OF APPROVAL IF ANY:

