

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. 30-025-05490

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

SECTION 24

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator OCCIDENTAL PERMIAN, LTD.

8. Well No. 341

3. Address of Operator 1017 W STANOLIND RD.

9. Pool name or Wildcat
HOBBS (G/SA)

4. Well Location

Unit Letter O : 330 Feet From The SOUTH Line and 2310 Feet From The EAST Line
Section 24 Township 18-S Range 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3655' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐ Temporary Abandon Well ☒

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. POH w/production equipment.
RIH w/7" csg scraper to 3900'.
RIH w/7" CIPB and set @3870'.
Top of 5.5" liner @3921'. Top perf @4186'.
Circ csg w/pkr fluid.
Test csg to 550 psi for 30 min and chart for the NMOCD.
RDPU. Clean Location.

Well is T&A'd

Rig Up Date: 11/30/2001
Rig Down Date: 12/04/2001

This Approval of Temporary
Abandonment Expires 1/9/07

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

SIGNATURE Robert Gilbert TITLE Completions Specialist DATE 12/27/2001
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY COMPLETION SPECIALIST TITLE COMPLETION SPECIALIST DATE 12/27/2001
CONDITIONS OF APPROVAL IF ANY: None

