

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

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.)		WELL API NO. 30-025-05490
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OCCIDENTAL PERMIAN, LTD.		6. State Oil & Gas Lease No.
3. Address of Operator 1017 W STANOLIND RD.		7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
4. Well Location Unit Letter <u>O</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM LEA County		8. Well No. 341
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3655' GL		9. Pool name or Wildcat HOBBS (G/SA)

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 ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Notify the NMOCD prior to job. (393-6161)

RUPU. POH w/production equipment.

RIH w/7" csg scraper to 3900'.

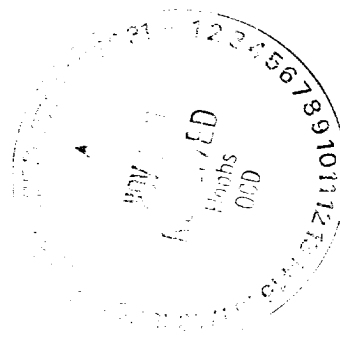
RIH w/7" CIPB and set @3870'.

Top of 5.5" liner @3921'. Top perf @4186'.

Circ csg w/pkr fluid.

Test csg to 500 psi for 30 min and chart for the NMOCD.

RDPU. Clean Location.



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 11/24/2001

TYPE OR PRINT NAME R.N. GILBERT

TELEPHONE 505/397-8206
NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: