

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. | 30-025-05491 |
| 5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT | |
| SECTION 25 | |
| 8. Well No. | 111 |
| 9. Pool name or Wildcat HOBBS (G/SA) | |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.) 3663' GL | |

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | 2. Name of Operator OCCIDENTAL PERMIAN LTD. |
| 3. Address of Operator 1017 W STANOLIND RD. | 4. Well Location Unit Letter <u>D</u> <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>18-S</u> <u>37-E</u> NMPM LEA County |

| | | | |
|-------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | |
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| 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.

POOH W/PRODUCTION EQUIPMENT. LAYING DOWN RODS AND PUMP.

RIH W/5.5' CSG SCRAPER TO 4080'.

SET 5.5" CIBP @4030'. TOP PERF @4087'.

TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOCD. ****NOTIFY NMOCD 24 HRS BEFORE CSG TEST.

CIRC CSG WITH INHIBITED FLUID.

POOH LAYING DOWN TBG.

RDPU AND 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 07/26/2001
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:

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