State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Drive , Hobbs, NM 88240

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-07363

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 19

1. Type of Well:

Oil Well ☐   Gas Well ☐   Other   Temporary Abandoned

2. Name of Operator   OCCIDENTAL PERMIAN LTD.

8. Well No.   331

3. Address of Operator   1017 W STANOLIND RD.

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

4. Well Location

Unit Letter   J   2310   Feet From The   SOUTH   Line and   2310   Feet From The   EAST   Line

Section   19   Township   18-S   38-E   NMPM   LEA   County

10. Elevation (*Show whether DF, RKB, RT GR, etc.*)
3661' DF

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: MIT	☒

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.

Test Date: 4/26/2001

Pressure Reading: Initial - 600 psi, 15 min – 590, 30 min – 585 psi.

Length of pressure test 30 minutes.

TA approval til 5/22/06

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

SIGNATURE _____   TITLE   Engineering Tech.   DATE   5/22/01

TYPE OR PRINT NAME   Steve W. Jones

TELEPHONE NO.   505/397-8228

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL IF ANY: