

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-07437

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.)

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

2. Name of Operator
Occidental Permian, Ltd.

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location
Unit Letter N : 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line
Section 29 Township 18S Range 38E NMPM LEA County

7. Lease Name or Unit Agreement Name
NORTH HOBBS (G/SA) UNIT

8. Well No. 241

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

10. Elevation (Show whether DF, RKB, RT'GR, etc.)
3645 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: Prepare injector for CO2 and Water injection. ☒

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.

1. Pull injection equipment and change wellhead.
2. Run injection equipment.
3. Notify NMOCD and test packer.
4. Return well to injection.

Injection permitted under Division Rule R-6199-B, Page 12.

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

SIGNATURE D. Nelson TITLE PROD ENGR DATE 1/14/03

TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 14 2003

CONDITIONS OF APPROVAL IF ANY:

RECEIVED
OCT 17 2003
OCT 17 2003