

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. | 30-025-07564 |
| 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 |
| 8. Well No. | 211 |
| 9. Pool name or Wildcat | HOBBS (G/SA) |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.) | 3642 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., HOBBS, NM 88240 505/397-8200 |
| 4. Well Location | Unit Letter C : 330 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 33 Township 18S Range 38E NMPM LEA County |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.) | 3642 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: Convert to water injector ☒

SUBSEQUENT REPORT OF:

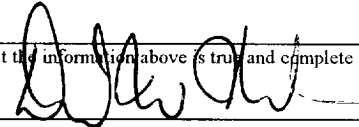
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 production equipment.
2. Run run equipment.

Will not commence water injection until permit is approved.

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

SIGNATURE  TITLE PROD ENGR DATE 6-21-89
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE AUG 21 1989
CONDITIONS OF APPROVAL IF ANY:

