

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLE DATE

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 S. 1st Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-27059
5. Indicate Type of Lease FED ☐ STATE ☐ FEE ☒	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT	
8. Well No.	422
9. Pool name or Wildcat	HOBBS (G/SA)

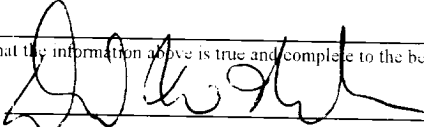
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injector ☐	
2. Name of Operator Oxy Permian LTD.	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505.397-8200	
4. Well Location Unit Letter H : 1520 Feet From The NORTH Line and 1300 Feet From The EAST Line Section 30 Township 18S Range 38E NMPM LEA County	
10. Elevation (Show whether DE, RKB, RT, GR, etc.) 3651 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: Squeeze Upper San Andres ☒	
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
2. Squeeze perfs in upper San Andres (4034-4097).
3. Run injection equipment and circulate packer fluid and return well to water injection.
4. Notify NMOCD of packer test.

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

SIGNATURE  TITLE PROD ENGR DATE 8-8-02

TYPE OR PRINT NAME D. NELSON TELEPHONE NO 505.397-8200

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY
CAROL WINK
CC FIELD REPRESENTATIVE II/STAFF MANAGER
DATE

AUG 16 2002