

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 Ed. Aztec, NM 87410

WELL API NO	30-025-27059
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 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 DF, RKB, RTGR, etc.) 3651 GL	

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

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 1105

1. Pull injection equipment
2. Set CIBP at ± 4155
3. Perforate San Andres and acid stimulate
4. Run injection equipment and circulate packer fluid
5. Notify NMOCD of packer test

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

SIGNATURE [Signature] TITLE PROD ENGR DATE 4-29-02
TYPE OR PRINT NAME D. NELSON TELEPHONE NO 505 397-8200

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

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JUL 1 2002
MAY 1 4 2002

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