

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. 30-025-27060

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

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

2. Name of Operator  
OXY PERMIAN LTD

8. Well No. 312

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

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

4. Well Location  
Unit Letter B : 1262 Feet From The NORTH Line and 1520 Feet From The EAST Line  
Section 31 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3640 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Add perfs to Upper San Andres ☒

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. RUPU. Pull injection equipment.
2. Run CIBP to 4180'.
3. Perforate the San Andres zone from 4092' to 4121'.
4. Stimulate new perfs w/1000 g 15% HCL Acid.
5. RIH w/5.5" Guiberson UNI VI pkr and set @4050'.
6. 129 jts 2-7/8" Duoline tbg. Bottom of tbg @4050'.
7. Circ csg w/pkr fluid. Test csg to 660 psi for 30 min and chart for the NMOCD.

Well returned to injection 06/10/2002

Rig up Date: 05/06/2002 Rig Up Date: 05/15/2002 Rig Up Date: 05/16/2002 Rig Up Date: 05/23/2002 Rig Up Date: 06/07/02  
Rig Down Date: 05/09/2002 Rig Down Date: 05/15/2002 Rig Down Date: 05/16/2002 Rig Down Date: 05/23/2002 Rig Down Date: 06/10/02

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

SIGNATURE Robert Gilbert TITLE SR. ENGR TECH DATE 07/06/2002  
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: GARY W. WINK  
QC FIELD REPRESENTATIVE II/STAFF MANAGER JUL 11 2002