## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL CONS	SERVA	TION	<b>DIVISIO</b>	N				
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505				WELL API NO	WELL API NO 30-025-28884			
DISTRICT II		•			5 Indicate Typ	e of Lease			
811 S. 1st Street, Artesia, NM 88210					FED	STATE	FEE	X	
DISTRICT III					6. State Oil & 0	Gas Lease No.			
1000 Rio Brazos Rd, Aztec, NM 87410									
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:					NORTH HO	BBS (G/SA) U	NH		
Oil Well	Gas Well C	Other Inie	ector						
2. Name of Operator						8 Well No. 342			
Oxy Permian LTD.	<del></del>								
3. Address of Operator					9. Pool name or	Wildcat	HOBBS (C	3/SA)	
1017 W. Stanolind Rd., HOBBS, 1 4. Well Location	VM 88240	505/397	-8200						
Unit Letter () 1230	Feet From The SOU	TH I	ine and	2500	Feet From The	EAST	Line		
Section 29		.8S			38E NMP	M	LEA Co	ounty	
	10. Elevation (Show wheth 3646 GL	er DF, RKB	R, RT GR, et	c.)					
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data									
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:									
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIA	L WORK		ALTERING (	CASING		
TEMPORARILY ABANDON	CHANGE PLANS			CE DRILLING	OPNS		ANDONMEN	, <u> </u>	
PULL OR ALTER CASING						1 200 4 7 10	MIDOMNEN	' -	
				TEST AND CE	MENT JOB				
OTHER: Open Upper San Andres		X	OTHER:					. Li	
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.									
l Pull injection equipment.									
2. Set CIBP at ±4125.									
3. Perforate San Andres and acid stimulate.									
4 Run injection equipment and circulate packer fluid.									
5 Notify NMOCD of packer test.									
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					13.19	" Mill	$-3\sqrt{2}$		
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I hereby certify that the information above is to	us and complete to the best of n	w knowledo	e and belief	F		410168			
X		ry Knowiedg	c and other			- <del></del>		1	
SIGNATURE			TITLE	PROD ENG	R	DATE	4/21	102	
TYPE OR PRINT NAME D. NELSON					TEI	EPHONE NO.	505/397-8	200	
(This space for State Use)					WAL SIGNED	),			
APPROVED BY			TITLE	ORIG	INAL SIGNED C INAL SIGNED C PAUL F. KAUTZ PAUL F. KAUTZ PAUL ENGIN	EFR DATE			
			TITLL	<del></del>	YOU ENGIN	DATE	22.0.0	5000	
CONDITIONS OF APPROVAL IF ANY:				PETF	SOFER	-	PR 2 3	$L \cap JL$	