State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

| FILE IN TRIPLICATE | OH CONCERN | A THOSE DAY OF CO. | | | Revised 1-1-89 | |
|--|---|--|--------------------------------------|-----------------|----------------|--|
| | OIL CONSERVATION DIVISION 2040 Pacheco St. | | | | | |
| <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 | | | WELL API NO | | | |
| DISTRICT II | Santa Fe | , NM 87505 | | | 5-31662 | |
| 811 S. 1st Street, Artesia, NM 88210 | | | 5. Indicate Typ | ¬ | | |
| DISTRICT III | | | FED | STATE | FEE X | |
| 1000 Rio Brazos Rd, Aztec, NM 87410 | | | 6. State Oil & 0 | jas Lease No. | | |
| | OTICES AND REPORTS ON WI | arre — — — — — — — — — — — — — — — — — — | | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" | | | 7. Lease Name or Unit Agreement Name | | | |
| (FORM C-101 FOR SUCH PROPOSALS.) | | | NORTH HOBBS (G/SA) UNIT | | | |
| 1. Type of Well: | | | 1 | , DG (G/S/I) (| 51411 | |
| Oil Well X Gas Well Other | | | | | | |
| 2. Name of Operator | | | | 8. Well No. 144 | | |
| Occidental Permian Ltd. 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 | NM 88240 505/3 | 97-8200 | | | | |
| | B . B | | | | | |
| Unit Letter M : 786 | Feet From The SOUTH | Line and 1175 Feet | From The | WEST | Line | |
| Section 32 | Township 18S | Range 38E | NMPN | 1 | LEA Court | |
| | 10. Elevation (Show whether DF, R. | | - Nim k | `. 777777777 | LEA County | |
| | 3627 GL | | | | | |
| II. Checi | k Appropriate Box to Indicate Na | ture of Notice, Report, or O | ther Data | <u> </u> | | |
| NOTICE OF INT | | | EQUENT RE | PORT OF | • | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | | | | |
| | | REMEDIAL WORK | | ALTERING | | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING OPN | | PLUG & AB | BANDONMENT [| |
| PULL OR ALTER CASING | | CASING TEST AND CEMENT JOB | | | | |
| OTHER: | | OTHER: Convert to water | rinjector | | X | |
| 12. Describe Proposed or Completed Operatio | as (Clearly state all pertinent details, an | | | | | |
| 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. | | | | | | |
| NURL BUILT PRODUCTION TO WELL TO | | | | | | |
| RUPU. PULL PRODUCTION EQUIPMENT. | | | | | | |
| TEST SQZ PERFS @4041-4089. HELD OK. PERFORATE SAN ANDRES ZONE @4092 – 94, 4104 – 07, 4114 – 20, 4136 – 48, 4151 – 54. | | | | | | |
| ACIDIZE NEW PERFS W/3500 GAL 15% HCL ACID. | | | | | | |
| SET GUIBERSON 5.5" UNI VI PKR @ 4006. TOP EXISTING PERF @4041". | | | | | | |
| TEST CSG TO 660 PSI FOR 30 MIN AND CHART FOR THE NMOCD. | | | | | | |
| CIRC CSG W/INHIBITED FLUID. | | | | | | |
| | | | | | | |
| WELL IS INJECTING, 0/31/2000 | | | | | | |
| RIG UP DATE: 10/25/2000 | | | | | | |
| RIG DOWN DATE: 10/23/2000 | | | | | | |
| 10/30/2000 | | | | ^ | | |
| | | | | W Ch | X-205 | |
| I hereby certify that the information above is tr | ue and complete to the best of my knowle | dge and belief. | | | <u> </u> | |
| W 1/2 | + 9/11/1 x | | | | | |
| SIGNATURE Notes | - Tilliu | TITLE SR. ENG. TECH | | DATE | 11/20/2000 | |
| TYPE OR PRINT NAME ROBERT GIL | BERT | | T ELEI | PHONE NO. | 505/397-8200 | |
| (This space for State Use) | | | | | (= 2 2 | |
| APPROVED BY | | TITLE | 1994 1917 - 1918 | ga | 3 1 2 3 | |
| | | TITLE | - | DATE | | |
| CONDITIONS OF APPROVAL IF ANY: | | | | | | |

