

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 1080, 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.	30-025-35332
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.	621
9. Pool name or Wellhead	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3655 GL	

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 ☐	2. Name of Operator OCCIDENTAL PERMIAN, LTD
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240	505/397-8200
4. Well Location Unit Letter C : 927 Feet From The NORTH Line and 2158 Feet From The WEST Line Section 30 Township 18S Range 38E NMPM LEA County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	CASING TEST AND CEMENT JOB ☐
	OTHER: New Well Completion ☒

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 1703.

1. RUPU. Drill out DV Tool @ 3501'. Clean out to PBFD @ 4325'.
2. Run CBI and GR Log. Send logs to Houston.
3. Perforate San Andres from 4130-4298 using 4" gun. 4 JSPF. 90 degree phased.
4. Stimulate w/4000 g 15% HCL acid.
5. RIH w/REDA ESP production equipment on 131 jts 1-7/8" tbg. Pump intake @ 4079'.

Rig Up Date : 03/21/2001
Rig Down Date: 03/27/2001

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 04/04/2001
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

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