

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. 30-025-07671

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

SOUTH HOBBS (G/SA) UNIT

1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTOR (SHUT IN)

8. Well No. 73

2. Name of Operator  
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  
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 9 Township 19S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3590' 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: ☐

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.

Notify the NMOCD 24 hr before job. (393-6161)

1. POH w/Injection equipment. 4.5" UNI VI @3782'.
2. RIH w/4.5" CIBP and set @3775'. Top perf @4034'. Tie-Back liner @3863'.
3. Circ csg w/pkr fluid.
4. Test csg to 500 psi for 30 min and chart for the NMOCD.

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 07/11/2002

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

(This space for State Use)

APPROVED BY Robert Gilbert TITLE SR. ENGR. TECH DATE JUL 16 2002

CONDITIONS OF APPROVAL IF ANY:

50