

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-1
Revised 1-1

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-24447

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

2. Name of Operator OCCIDENTAL PERMIAN, LTD.

8. Well No. 192

3. Address of Operator 1017 W STANOLIND RD.

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

4. Well Location

Unit Letter O : 990 Feet From The SOUTH Line and 1750 Feet From The EAST Line
Section 5 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3606' 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.

PERFORATE THE SAN ANDRES ZONE FROM 4076' TO 4096' USING 4 JSPF AND 90 DEGREE PHASE.
ACIDIZE WITH 2200g 15% HCL ACID.
RIH W/GUIBERSON 5.5" UNI VI PKR. SET @3943'.
TOP PERF @4076'.
CIRC CSG W/INHIBITED FLUID.
TEST CSG TO 560 PSI FOR 30 MIN AND CHART FOR THE NMOC.

WELL RETURNED TO INJECTION

RIG UP DATE: 11/16/2000
RIG DOWN DATE: 11/24/2000

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

SIGNATURE Robert N Gilbert TITLE SR. ENG. TECH DATE 12/12/2000
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE 505/397-8206
NO.

(This space for State Use)

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

JCS



