

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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. 30-025-26623

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. 170

3. Address of Operator 1017 W STANOLIND RD.

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

4. Well Location

Unit Letter J : 1832 Feet From The EAST Line and 1980 Feet From The SOUTH Line  
Section 4 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3609' 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: FAILED MIT ☒

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.

RUPU. POH w/injection equipment.  
Replaced all tbg.  
Set 7" Guiberson UNI VI pkr @3953'. Top Perf @4086'.  
125 jts 2-7/8" Duoline tbg. Bottom of tbg @3953'.  
Circ csg w/pkr fluid.  
Test csg to 560 psi for 30 min and chart for the NMOCD.  
RDPU. Clean Location.

Well returned to injection. 07/12/2002

Rig Up Date: 07/11/2002  
Rig Down Date: 07/12/2002

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 08/03/2002  
TYPE OR PRINT NAME Robert Gilbert TELEPHONE 505/397-8206  
NO.

(This space for State Use)

APPROVED BY DAVE W. WINK DATE AUG 09 2002  
CONDITIONS OF APPROVAL IF ANY:

