

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-28986

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 ☐

2. Name of Operator Oxy Permian, LTD.

8. Well No. 196

3. Address of Operator 1017 W STANOLIND RD.

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

4. Well Location

Unit Letter M : 245 Feet From The SOUTH Line and 96 Feet From The WEST Line
Section 4 Township 19S 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3605' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG & 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 hrs) BEFORE RIG UP. (393-6161)

*** 5.5" CIBP SET @4050'. CAPPED W/50' CMT. TOC @3800'. 10/18/1993
SPOT MLF FROM 3800' TO 2625'.
SPOT 25 SXS CMT FROM 2425' TO 2625'. TAG PLUG. BOTTOM OF SALT @2525'.
SPOT MLF FROM 2425' TO 1700'.
SPOT 25 SXS CMT FROM 1450' TO 1700'. TAG PLUG. TOP OF SALT @1650'. BOTTOM OF 8-5/8" @1503'.
SPOT MLF FROM 1450' TO 350'.
SPOT 35 SXS CMT FROM 350' TO SURF.
CUT OFF CSG BELOW GROUND LEVEL.
** INSTALLED DRY HOLE MARKER 4' ABOVE SURF.

RDPU. CLEAN LOCATION

Rig Up Date: 03/12/2002
Rig Down Date: 03/13/2002

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

SIGNATURE Robert Gilbert TITLE LIFT SPECIALIST DATE 03/21/2002
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE 505/397-8206
NO.

(This space for State Use)

APPROVED BY Johnny Robinson TITLE STATE ENGINEER DATE DEC 10 2002
CONDITIONS OF APPROVAL IF ANY:

GWW