

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.  
30-025-29750

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> TA'd Well	7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
2. Name of Operator Occidental Permian, Ltd.	8. Well No. 211
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 <u>F</u> : <u>1790</u> Feet From The <u>NORTH</u> Line and <u>1420</u> Feet From The <u>WEST</u> Line Section <u>5</u> Township <u>19S</u> Range <u>38E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3615 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: Open Additional Pay ☒

**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.

1. Verify PBTD at 4000 feet.
2. Perforate the Grayburg zone.
3. Stimulate perforations.
4. Run production equipment and return to production as a Grayburg producer.

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

SIGNATURE [Signature] TITLE PROD ENGR DATE 10-23-01  
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

ORIGINAL SIGNED BY  
PAUL F. KAUTZ  
OCT 29 2001

OCT 29 2001

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