

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. 30-025-31427

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 ☐

8. Well No. 231

2. Name of Operator
Occidental Permian, Ltd

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

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location
Unit Letter F : 1562 Feet From The NORTH Line and 2100 Feet From The WEST Line
Section 4 Township 19S Range 38E 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Stimulate the Grayburg ☒

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. RUPU. Release Pkr and POH w/tbg and tools.
2. Plug well back with sand to 3990'.
3. Rih w/treating PKR and set @3850'.
4. RU Halliburton and Frac stimulate perforations from 3900-20.
5. RIH w/production equipment and return to production.
6. RDPU and Clean Location

Rig Up Date: 09/13/2001

Rig Down Date: 09/24/2001

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 09/26/2001

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

ATTACHED TO COVER

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