

DISTRICT 1

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.  
30-025-34946

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 ☐ Gas Well ☐ Other INJECTOR

2. Name of Operator  
OCCIDENTAL PERMIAN LIMITED PARTNERSHIP

3. Address of Operator  
1017 W STANOLIND RD.

7. Lease Name or Unit Agreement Name  
SOUTH HOBBS (G/SA) UNIT

8. Well No. 239

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

4. Well Location  
Unit Letter I : 1984 Feet From The SOUTH Line and 370 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.)  
3624' 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: NEW WELL COMPLETION ☒

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.

Rig up Pulling Unit  
Squeeze Zone I test perforations @4053-4060.  
Drill out cement and test csg to 500 psi. Held OK.  
Perforate San Andres Zone from 4129' - 4244'. (2 JSPF, 90 degree phasing)  
Acidize perms w/3500 gal 15% HCL acid.  
RIH w/5.5" Guiberson Uni VI pkr @4080'.  
Circ casing w/inhibited fluid.  
Test csg to 500 psi and chart for 30 min for the NMOCD.

Rig Down and Clean Location.

Rig Up Date: 10/09/00  
Rig Down Date: 10/16/00

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Robert N. Gilbert TITLE Completion Specialist DATE 10/25/2000  
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:

ICNS

