

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. 30-025-35554

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
OCCIDENTAL PERMIAN LTD.

8. Well No. 245

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

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

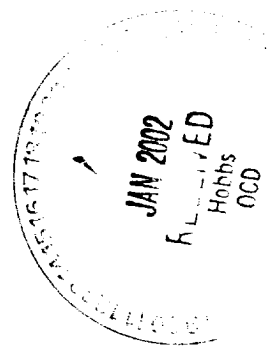
4. Well Location
Unit Letter P : 1303 Feet From The SOUTH Line and 708 Feet From The EAST Line
Section 4 Township 19S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3610' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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. POH w/production equipment.
2. RIH w5.5" csg scraper to 3925'.
3. Set 5.5" CIBP @3900'. TOP PERF @3940'.
4. Circ csg w/pkr fluid.
5. Test csg to 500 psi for 30 min and chart for the NMOCD.



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 01/17/2002
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 24 2002

CONDITIONS OF APPROVAL IF ANY:

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