State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISIO	N	
<u>DISTRICT I</u>	2040 J	Pacheco St.	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	Santa Fe	, NM 87505	30-025-28983	
DISTRICT II			5. Indicate Type of Lease	
811 S. 1st Street, Artesia, NM 88210			FED X STATE FEE 6. State Oil & Gas Lease No.	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			6. State Off & Gas Lease No.	
	OTICES AND REPORTS ON W	FLIS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Dense Traine of Sint Agreement Traine	
	A C-101 FOR SUCH PROPOSALS.)		SOUTH HOBBS (G/SA) UNIT	
1. Type of Well: Oil Well X	Gas Well Other			
2. Name of Operator			8. Well No. 191	_
Occidental Permian, Ltd.				
3. Address of Operator	NDL 882.10 505/2	07.0200	9. Pool name or Wildcat HOBBS (G/SA)	
1017 W. Stanolind Rd., HOBBS, 4. Well Location	NM 88240 503/39	97-8200		-
Unit Letter L : 1585	Feet From The SOUTH	Line and 395	Feet From The WEST Line	
				
Section 4	Township 19S 10. Elevation (Show whether DF, R	Range	38E NMPM LEA County	7777
	10. Elevation (Show whether Dr. R.	KB. KI GK, 616.)		
The Chec	k Appropriate Box to Indicate N	ature of Notice, Report,	or Other Data	2003
NOTICE OF INT			SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG & ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
OTHER: ()AP – San Andres	X	OTHER:		_
	ons (Clearly state all pertinent details, an	d give nertinent dates inclus	ling estimated date of starting any proposed work)	_
SEE RULE 1103.	is (escurity state and portinent actions, and	a gro pormon anos, mena	and proposed work)	
Pull production equipment.				
2. Perforate 4102-4128 and stimula	nte			
3. Run production equipment.				
Thereby certify that the information above is t	rue and complete to the best of my knowle	edge and belief		_
1 1 1 V 9 V	The sound of the sound the knowledge		11/2/50	
SIGNATURE	1-0-	TITLE PRODEN		
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:

