

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.	30-025-29085
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SOUTH HOBBS (G/SA) UNIT
8. Well No.	189
9. Pool name or Wildcat	HOBBS (G/SA)

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Occidental Permian, Ltd.	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	
4. Well Location Unit Letter <u>J</u> : <u>1685</u> Feet From The <u>SOUTH</u> Line and <u>2475</u> Feet From The <u>EAST</u> Line Section <u>5</u> Township <u>19S</u> Range <u>38E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT GR, etc.)	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>OAP - San Andres</u> <input checked="" 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.

RUPU. PULL ESP EQUIPMENT.
PERFORATE SAN ANDRES ZONE @4112 - 14, 4126 - 28, 4136 - 44.
ACIDIZE W/2100 GALS 15% HCL ACID.
RIH W/ESP EQUIPMENT.

WELL RETURNED TO PRODUCTION 11/14/2000

RIG UP DATE: 11/08/2000
RIG DOWN DATE: 11/13/2000

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

SIGNATURE Robert Gilbert TITLE SR. ENG. TECH DATE 11/20/2000
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 11/20/2000

CONDITIONS OF APPROVAL IF ANY:

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