

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

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.)		WELL API NO. 30-025-29520
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OCCIDENTAL PERMIAN, LTD.		6. State Oil & Gas Lease No.
3. Address of Operator 1017 W STANOLIND RD.		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
4. Well Location Unit Letter <u>L</u> : <u>1944</u> Feet From The <u>SOUTH</u> Line and <u>624</u> Feet From The <u>WEST</u> Line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County		8. Well No. 207
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3606' GL		9. Pool name or Wildcat HOBBS (G/SA)

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 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: _____		OTHER: MIT - Active injector	

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.

TEST DATE: 09/23/2002

PRESSURE READING: INITIAL - 515 PSI, 15 MIN - 520 PSI, 30 MIN - 540 PSI

LENGTH OF PRESSURE READING: 30 MIN

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

SIGNATURE Steve W Jones TITLE ENGINEERING TECH DATE 9/25/2002
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505-397-8228
NO.

(This space for State Use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II / STAFF MANAGER

DEC 13 2002

Cal 6-18-02
S.H.U
#207
9-23-02
E. W. 8
1300

DEC 2 2002
RECEIVED
HHS
OCD

OCT 2002
RECEIVED
HHS
OCD