Submit 1 Copy To Appropriate District State of New M	exico	Form C-103
Office	ice Energy Minerals and Network Resources	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-43098
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District III – (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease
		STATE FEE
$\frac{\text{District IV}}{1220 \text{ S. St. Francis Dr., Santa Fe, NM}} = 1000000000000000000000000000000000000$		6. State Oil & Gas Lease No.
87505		0. State On & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		South Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number
		266
2. Name of Operator · · · · · · · · · · · · · · · · · · ·		9. OGRID Number: 157984
3. Address of Operator		10. Pool name or Wildcat
1017 West Stanolind Road Hobbs, New Mexico 88240		Hobbs (G/SA)
4. Well Location		
Unit Letter L : 1794 feet from the South line and 891 feet from the West line /		
Section 4 Township 19S Range 38E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3607' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB I		
	CASING/CEMEN	
OTHER: OTHER: OTHER: OTHER: OTHER:		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
1. RUPU and POOH W/ESP equipment		this procedure we plan to use the closed- stem with a steel tank and haul contents to
 CO and Treat if necessary RIH W/ESP eqmt 		uired disposal per ODC Rule 19.15.17
4. RDPU and clean location	1	1 1
5.		
Spud Date: Rig Release I	Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE / Company TITLE WA/LS DATE		
T		
Type or print nameTerry DuncanE-mail address terry a duncan@oxy.com_PHONE: <u>575 397-8223</u>		
VIALNK ADIT NO DO DOM		
APPROVED BY: DATE ADDRENDED BY:		
Conditions of Approval (if any):		