

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.  
Santa Fe, NM 87505

**DISTRICT II**  
1301 W. Grand Ave, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.  
30-025-36149

5. Indicate Type of Lease  
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  
NORTH HOBBS (G/SA) UNIT  
Section 32

1. Type of Well:  
Oil Well  Gas Well  Other TA'd

8. Well No. 537

2. Name of Operator  
Occidental Permian Ltd.

9. OGRID No. 157984

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

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

4. Well Location  
Unit Letter B : 876 Feet From The NORTH 1403 Feet From The EAST Line  
Section 32 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3641' GR

Pit or Below-grade Tank Application  or Closure   
Pit Type \_\_\_\_\_ Depth of Ground Water \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water  
Pit Liner Thickness \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material

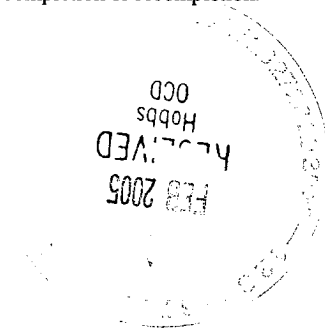
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>				<b>SUBSEQUENT REPORT OF:</b>			
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>					
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>					

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- RUPU.
- Drill out CIBP's @4000' and 4080'.
- Clean out to PBTD @4261'.
- Stimulate perms 4049-4254 w/3200 g 15% NEFE HCL acid
- Run Reda ESP equipment. Size for 500 BFD. 128 jts 2-7/8" tbg. Intake set @4012'.
- Install QCI wellhead connection.
- RDPU. Clean Location.

Rig Up Date: 01/31/2005  
Rig Down Date: 02/03/2005



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan

SIGNATURE Robert Gilbert TITLE Workover Completion Specialist DATE 10/31/2004  
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert\_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE FEB 21 2005  
CONDITIONS OF APPROVAL IF ANY: