

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

WELL API NO.
30-025-28959

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

5. Indicate Type of Lease
STATE FEE

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

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

1. Type of Well:
Oil Well Gas Well Other Gas Injector

8. Well No. 444

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 P : 215 Feet From The SOUTH 1255 Feet From The EAST Line
Section 30 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3649 GL

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

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"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Plug back and add pay</u> <input checked="" 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.

1. Pull equipment and set CIBP at ±4250.
2. Perforate 4189-4234 and acid stimulate.
3. Run injection equipment.
4. Notify NMOCD of packer test.



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 David Nelson TITLE Engineering Advisor DATE 4-30-05

TYPE OR PRINT NAME David Nelson E-mail address: _____ TELEPHONE NO. 505-397-8200

For State Use Only Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER MAY 17 2005

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY _____