State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION	Keviseu 1-1-09
DISTRICT I	2040 Pacheco St.		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	Santa Fe, NM 87505		30-025-27001
<u>DISTRICT II</u>			5. Indicate Type of Lease
811 S. 1st Street, Artesia, NM 88210			FED X STATE FEE
<u>DISTRICT III</u>			6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410			
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)			
1. Type of Well:	JAWI C-101 FOR SUCH PROPOSALS.)		NORTH HOBBS (G/SA) UNIT
Oil Well	Gas Well Other In	njector	
2. Name of Operator	11,00001		8. Well No. 442
Oxy Permian LTD.			1
3. Address of Operator	2 377 444		9. Pool name or Wildcat HOBBS (G/SA)
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 4. Well Location			
Unit Letter P : 1300	Feet From The SOUTH	Line and 1050 Fee	t From The EAST Line
Section 30	Township 18S	D 20D) T (T) (
30	Township 18S 10. Elevation (Show whether DF, RK	Range 38E	NMPM LEA County
	3643 GL	D, RI 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	PLUG AND ABANDON		
		REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN	IS. PLUG & ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN	T JOB
OTHER: Open pay in San Andres	X	OTHER:	
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.			
Rig up wireline company.			
 Rig up wireline company. Perforate 4130-35. 			
3. Rig wireline down.			1233302
4. Return well to injection.			3310111213141576
•			September 1997
Federal Form 3160 will be filed.			12 Am
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			The state of the s
			14 K- 4000
			Leo.
\cap			4008 85 EE 83 EE 93 84 84 80
Thereby partify that he information (1)			
I hereby certify that the information above is tru	ic and complete to the best of my knowled	ige and belief.	
SIGNATURE ()	The same of the sa	TITLE PROD ENGR	DATE /-/3-09
TYPE OR PRINT NAME D. NELSON			
(This space for State Use)	, , ,	- TOTATIVE III	STAFF WAR STEEDE NO. 505/397-8200
APPROVED BY) /) b, b oc FIE	LD REPRESENTATIVE IV	
APPROVED BY CONDITIONS OF APPROVAL IF ANY:	with the	TITLE	DATE FEB 1 2 2004
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