

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-12507 **D 7537**

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

5. Indicate Type of Lease
FED 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

8. Well No. 431

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505.397-8200

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

4. Well Location
Unit Letter I : 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line
Section 32 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3627 GL

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: <u>Convert to water injector</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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 1105

1. Pull production equipment
2. Add perfs 4075-4218.
3. Stimulate perfs
4. Run injection equipment

Permit to inject has been approved.

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

SIGNATURE TITLE PROD ENGR DATE 12-20-00
 TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505.397-8200

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

DEC 20 2000

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