

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

2040 Pacheco St.  
Santa Fe, NM 87505

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

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-30204
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT	
8. Well No.	322
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.)	

**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.)

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

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
Unit Letter G : 2480 Feet From The NORTH Line and 1509 Feet From The EAST Line  
Section 31 Township 18S Range 38E NMPM LEA County

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>ACID TREATMENT</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 1103

- PULL INJECTION EQUIPMENT.
- ACID STIMULATE NEW PERFS.
- CHANGE OUT EQUIPMENT
- RETURN TO INJECTION.

CO2 INJECTION PERMITTED UNDER DIVISION RULE R-6199-B, Order PMX-151-A

RECEIVED  
FEB 19 2003  
OCS

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

SIGNATURE [Signature] TITLE PROD ENGR DATE 2-19-03  
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY GARY W. WINK ORIGINAL SIGNED BY GARY W. WINK TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 20 2003  
CONDITIONS OF APPROVAL IF ANY: