

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

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

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

|   |   |
|---|---|
| WELL API NO.                                      | 30-025- <b>35384</b>  |
| 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              | <b>NORTH HOBBS (G/SA) UNIT</b>  |
| 8. Well No.                                       | <b>634</b>  |
| 9. Pool name or Wildcat                           | <b>HOBBS (G/SA)</b>   |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.) | <b>3644 GL</b>  |

**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.)

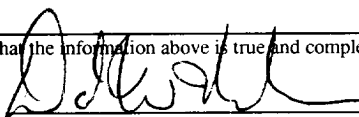
|   |   |
|---|---|
| 1. Type of Well:                                  | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>   |
| 2. Name of Operator                               | <b>Occidental Permian Ltd.</b>  |
| 3. Address of Operator                            | <b>1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200</b>  |
| 4. Well Location                                  | Unit Letter <b>N</b> : <b>753</b> Feet From The <b>SOUTH</b> Line and <b>2067</b> Feet From The <b>WEST</b> Line<br>Section <b>29</b> Township <b>18S</b> Range <b>38E</b> NMPM <b>LEA</b> County |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.) | <b>3644 GL</b>  |

|   |   |   |   |
|---|---|---|---|
| 11. 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 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>New Well Completion</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.

- DO DV Tool.
- Run CBL log to find TOC.
- Perforate above TOC and circulate cement to surface.
- Perforate 4088-4218.
- Acid Stimulate.
- Run production equipment.

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

|                    |   |               |                     |      |               |
|--------------------|---|---------------|---------------------|------|---------------|
| SIGNATURE          |  | TITLE         | <b>PROD ENGR</b>    | DATE | <b>5-2-01</b> |
| TYPE OR PRINT NAME | <b>D. NELSON</b>  | TELEPHONE NO. | <b>505/397-8200</b> |      |               |

(This space for State Use)

|                                |       |       |       |      |       |
|--------------------------------|-------|-------|-------|------|-------|
| APPROVED BY                    | _____ | TITLE | _____ | DATE | _____ |
| CONDITIONS OF APPROVAL IF ANY: |       |       |       |      |       |

