

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 March 4, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025- 07640
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 10
9. OGRID Number
10. Pool name or Wildcat Hobbs (G/SA)

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

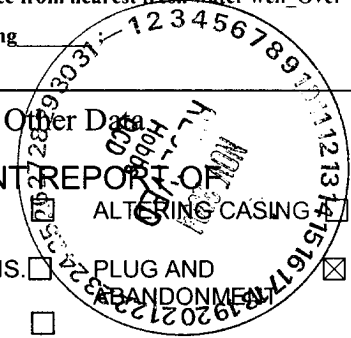
4. Well Location
 Unit Letter **B**: **480** feet from the **North** line and **1650** feet from the **East** line
 Section **6** Township **19-S** Range **38-E** **NMPM** Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)
 Pit Location: UL **B** Sect **6** Twp **19S** Rng **38E** Pit type **Steel** Depth to Groundwater **76'** Distance from nearest fresh water well **Over 1000'**
 Distance from nearest surface water **_____** Below-grade Tank Location UL **_____** Sect **_____** Twp **_____** Rng **_____**
 feet from the **_____** line and **_____** feet from the **_____** line

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input 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 well logs indicating type of proposed completion or recompletion.

- 9-1-04 Set CIBP @ 3900'
- 9-2-04 Circulate well w/ plugging mud. Spot 20 sks of C cement on top of CIBP, est top of cement 3703'. Perf @ 2690' Pressure up on perfs to 2000 psi-Held. Covered w/ 20 sks of cement @ 2740'. Tagged TOC @ 2571'
- 9-3-04 Perf @ 1650' Pressured up on perfs to 2000 psi-Held. Spot 35 sks of cement @ 1704', pressured up on perfs. Tagged @ 1500'. Spot 45 sks of cement 412'-surface. POH & refill w/ cement

Cut off wellhead & anchors 3' BGL. Cap well. Install dry hole marker.
 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 *J. Shelton* TITLE Agent DATE 9/15/04

Type or print name **Jack Shelton** E-mail address: **jshelton@keyenergy.com** Telephone No. **432-523-5155**
 (This space for State use) **OC FIELD REPRESENTATIVE II/STAFF MANAGER**

APPROVED BY *Henry W. Wink* TITLE _____ DATE NOV 22 2004
 Conditions of approval, if any: _____