State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-28953

5. Indicate Type of Lease STATE [ ] FEE [X]

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 INJECTOR

8. Well No. 122

2. Name of Operator: Occidental Permian Ltd.

9. OGRID No. 157984

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

10. Pool name or Wildcat: HOBBS (G/SA)

4. Well Location

Unit Letter E : 1600 Feet From The NORTH 180 Feet From The WEST Line

Section 29 Township 18-S Range 38-E NMPM LEA County

11. Elevation (*Show whether DF, RKB, RT GR, etc.*) 3649 GL

Pit or Below-grade Tank Application [ ] or Closure [ ]

Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

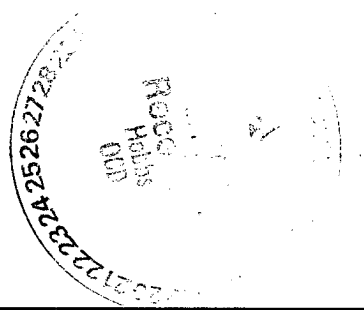
Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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 OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	Multiple Completion	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER: Squeeze perfs and PB			[X]	OTHER:			[ ]

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 wellbore diagram of proposed completion or recompletion.

1. Pull Injection equipment.
2. Squeeze perfs from 4130-4200.
3. CO and re-perf
3. Acid stimulate.
4. Run Injection equipment.



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 _____ TITLE Engineering Advisor DATE 3/7/06

TYPE OR PRINT NAME David Nelson E-mail address: TELEPHONE NO. 505-397-8200

For State Use Only

APPROVED BY Gary W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 10 2006