

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

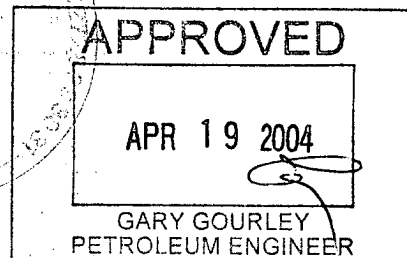
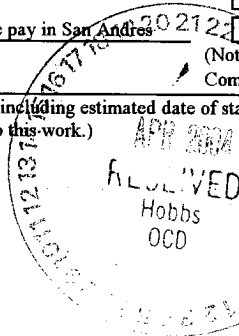
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Injector	5. Lease Designation and Serial No.
2. Name of Operator <u>Occidental</u> <u>Oxy Permian Ltd.</u>	6. If Indian, Allottee or Tribe Name.
3. Address and Telephone No. 1017 W. Stanolind Rd., Hobbs NM 88240 (505) 397-8200	7. If Unit or CA, Agreement Designation. North Hobbs G/SA Unit
4. Location of Well (Footage, Sec., T., R., M, or Survey Description) 1300 FSL & 1050 FEL Sec 30, T-18-S, R-38-E Unit Letter P	8. Well Name and No. North Hobbs Unit #442
	9. API Well No. 30-025-27001
	10. Field and Pool, or Exploratory Area Hobbs Grayburg/San Andres Pool
	11. County or Parish, Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Stimulate pay in San Andres</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Rig up and pull injection equipment.
2. Stimulate perfs at 4130-35 with 500g 15% HCL.
3. Perform packer test and return well to injection.



APPROVED FOR 3 MONTH PERIOD  
ENDING 7-19-04

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

SIGNATURE

*[Signature]*

TITLE

Engineering Advisor

DATE 4-12-04

(This space for Federal or State office use)

APPROVED BY

*[Signature: Gary W. Wink]*

TITLE

OC FIELD REPRESENTATIVE II / STAFF MANAGER

DATE APR 27 2004

CONDITIONS OF APPROVAL IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.