## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE OIL CONSER'	VATION DIVISION
D O D 1000 II 11 ND 00040	Pacheco St. WELL API NO. e, NM 87505 30-025-07492
DISTRICT II	5. Indicate Type of Lease
811 S. 1st Street, Artesia, NM 88210	FED STATE FEE X
DISTRICT III	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON W	ELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPH	N OR PLUG BACK TO A  7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	
(FORM C-101 FOR SUCH PROPOSALS.)	NORTH HOBBS (G/SA) UNIT
1. Type of Well: Oil Well X Gas Well Other	Section 31
2. Name of Operator Uccidentes	8. Well No. 321
-OXY PERMIAN LTD	
3. Address of Operator	9. Pool name or Wildcat HOBBS (G/SA)
	397-8200
4. Well Location	
Unit Letter G : 2200 Feet From The NORTH	Line and 2310 Feet From The EAST Line
Section 31 Township 18S	Range 38E NMPM LEA County
10. Elevation (Show whether DF, 3644' GL	RKB, RT GR, etc.)
11. 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 PLUG AND ABANDON	REMEDIAL WORK X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG & ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: Re-Perforate SanAndres zone 2cU X
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.  1. RUPU. Pull production equipment.  2. Re-Perforate 4148-52 and 4156-62 using 2 jspf, 180 deg phasing.  3. Stimulate San Andres perfs 4176 – 4253 w/1300 g 15% Pad Acid.  4. RIH w/5.5" UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple on 129 jts 2-3/8" tbg. Pkr set @4048  5. Circ csg w/150 bbl pkr fluid.  6. Tst csg to 550 psi for 30 min and chart for the NMOCD.  7. NU wellhead. RDPU. Clean Location.	
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7. No weinicad. RDI O. Cican Education.	/E Hopps
Rig Up Date: 04/06/2004	
Rig Down Date: 04/07/2004	(40, 2V)
	687 887 884 617
This Approval o	Temporary
Abandenment F	Xirae
I hereby certify that the information above is true and complete to the best of my known	wledge and belief.
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SIGNATURE Toful Juliu	TITLE Workover Comp Specialist DATE 04/20/2004
TYPE OR PRINT NAME Robert Gilbert	TELEPHONE NO. 505/397-8206
(This space for State Use)	•
APPROVED BY Lange W. Wink	TITLETITLE
CONDITIONS OF APPROVAL IF ANY:	OC FIELD REPRESENTATIVE II/STAFF MANAGEP MAY 0 3 2004

