State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

FILE IN TRIPLICATE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-28942
5. Indicate Type of Lease FED [ ] STATE [X] FEE [ ]
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

2. Name of Operator
  Oxy Permian LTD.

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

8. Well No.   233

9. Pool name or Wildcat   HOBBS (G/SA)

4. Well Location

Unit Letter   K   :   2455   Feet From The   SOUTH   Line and   1480   Feet From The   WEST   Line

Section   30   Township   18S   Range   38E   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3652 GL

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: Re-Sqz Upper San Andres   [X]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG & ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: _____ [ ]

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. Rig up and pull injection equipment.
2. Squeeze perf at 4140.
3. Stimulate the perfs with 15% HCL.
4. Notify NMOCD of packer test and test to 500 psig.
5. Return well to injection.
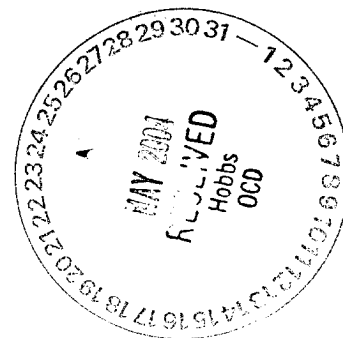
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE   Engineering Advisor   DATE   5-21-04

TYPE OR PRINT NAME   D. NELSON   TELEPHONE NO.   505/397-8200

(This space for State Use)

APPROVED BY _____   OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 2 7 2004

CONDITIONS OF APPROVAL IF ANY: