

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

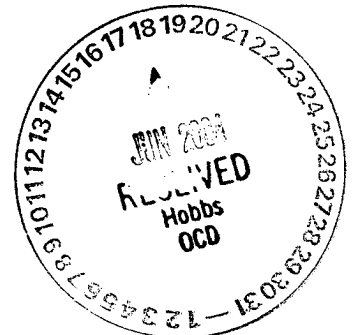
WELL API NO.	30-025-26832
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT	
8. Well No.	242
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.)	

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	
4. Well Location Unit Letter <u>N</u> : <u>1300</u> Feet From The <u>SOUTH</u> Line and <u>2600</u> Feet From The <u>WEST</u> Line Section <u>24</u> Township <u>18S</u> Range <u>37E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <u>Squeeze Upper San Andres</u> <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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. Pull injection equipment.
2. Squeeze Upper San Andres 4140-4200.
3. Acid Stimulate.
4. Run injection equipment.
5. Notify NMOCD of packer test.



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

SIGNATURE <u>[Signature]</u>	TITLE <u>Engineering Advisor</u>	DATE <u>6-15-04</u>
TYPE OR PRINT NAME <u>D. NELSON</u>	TELEPHONE NO. <u>505/397-8200</u>	
(This space for State Use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>OC FIELD REPRESENTATIVE II/STAFF MANAGER</u>	DATE <u>JUN 22 2004</u>
CONDITIONS OF APPROVAL IF ANY:		