State of New Mexico

Energy, Winterals and Natural Resources Department				
DISTRICT I 1625 N. French Drive, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL API NO. 30-025-26974		
			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 OCCIDENTAL PERMIAN, LTD.			SECTION 32 8. Well No. 432	
3. Address of Operator 1017 W STANOLIND RD.			9. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location Unit Letter I: 1400 Feet From The SOUTH Line and 1300 Feet From The EAST Line				
Section 32 Township 18-S Range 38-E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT GR, etc.) 3629' GL				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
A	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING	
PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG & ABANDONMENT CASING TEST AND CEMENT JOB		
OTHER: 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.				
RUPU. Pull Injection equipment. Sqz San Andres Zone 1a and 1b. Drill out cmt and test sqz to 1200 psi. Held OK. Perforate 4100-03, 4108-27, using 4" gun, 1 JSPF and 120 deg phasing. (14 holes) *** Tight spot @4134' and 4195'. Stimulate perfs below 4100' – 4214' w/1000 g 15% NEFE HCL acid. RIH w/Guiberson pc UNI VI pc pkr. XL on/off tool w/1.875 ss "F" nipple. Set pkr @3933'. 127 jts 2-7/8" Duoline tbg. Circ csg w/110 bbl pkr fluid. Test csg to 560 psi for 30 min and chart for the NMOCD RDPU. Clean Location. Returned to injection 06/23/2004. Rig Up Date: 06/11/2004				
Rig Down date: 06/22/2004				
Thought postific that the information above is to	1 14 4 1 1 4 6 1	1 1 1 11 11 0		

I hereby certify that the informa SIGNATURE TITLE Workover Compl Specialist DATE 06/26/2004 OC FIELD REPRESENTATIVE WISTAFF MANAGER TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206 (This space for State Use) JUL 0 6 2004 CONDITIONS OF APPROVAL IF ANY:

