State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
1625 N. French Drive , Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-28942

5. Indicate Type of Lease FED [ ] STATE [ ] FEE [X]

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

SECTION 30

1. Type of Well: Oil Well [ ] Gas Well [ ] Other Injector

2. Name of Operator: Occidental Permian, LTD.

8. Well No. 233

3. Address of Operator: 1017 W STANOLIND RD.

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 18-S Range 37-E 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	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:			[ ]

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.

Pull injection equipment.
Spot sand from PBTD @4338' to 4160'.
Sqz possible csg leak @4140' to 4150'.
Stimulate w/1900 g 15% NEFE HCL acid
RIH w/5.5" Guiberson Uni VI packer, XL on/off tool w/1.875 "F" nipple. Set pkr @4113'.
130 jts 2-7/8" Duoline tbg.
Circ csg with inhibited fluid .
Test csg to 620 psi for 30 min and chart for the NMOCD.
RDPU. Clean Location.

Rig Up Date: 06/08/2004
Rig Down Date: 06/17/2004

PMX - 202

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

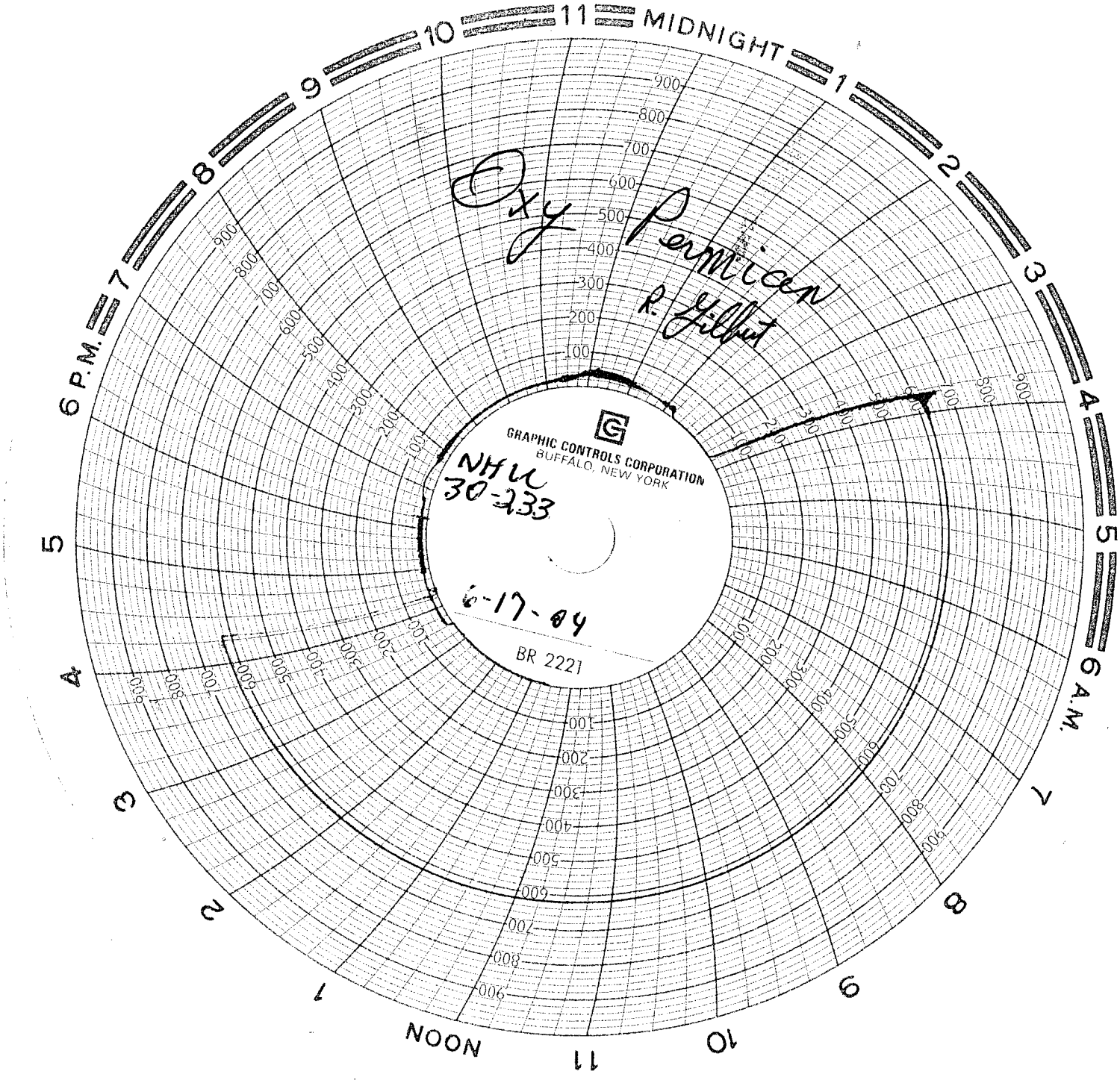
SIGNATURE Robert Gilbert TITLE WO Completion Specialist DATE 06/25/2004

TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505-397-8206

(This space for State Use)

APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 06 2004

CONDITIONS OF APPROVAL IF ANY:


Oxy Permian
R. Gilbert
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
NHU
30-133
6-17-04
BR 2221
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