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

FILE IN TRIPLICATE

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION WELL API NO. DISTRICT I 2040 Pacheco St. P.O. Box 1980, Hobbs, NM 88240 30-025-26832 Santa Fe, NM 87505 5. Indicate Type of Lease **DISTRICT II** FEE 811 S. 1st Street, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN 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 Gas Well Other INJECTOR Section 24 2. Name of Operator 8. Well No. 242 Occidental Permian, Ltd. 9. Pool name or Wildcat 3. Address of Operator HOBBS (G/SA) 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 4. Well Location Unit Letter Feet From The Feet From The Line 1300 SOUTH 2600 WEST Line and NMPM Section Township 18S 37E 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: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK 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. 1. 2. Sqz San Andres Zone 1. (4140-84). 3. Drill out and tst sqz to 1000 psi. Drill out CIBP @4240'. Clean out to 4300'. Stimulate perfs 4209 - 4280 w/1000 g 15% NEFE HCL acid. 4. RIH w/5.5" Guib UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple. 5. 133 jts 2-7/8" Duoline tbg. Pkr set @4103'. 6. Circ csg w/100 bbl pkr fluid. Test csg to 600 psi for 30 min and chart for the NMOCD. 7. NU Wellhead. RDPU. Clean Location. Rig up Date: 06/18/2004 Rig Down Date: 06/30/2004 I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE Workover Compl Specialist DATE 07/07/2004 TYPE OR PRINT NAME TELEPHONE NO. Robert Gilbert 505/397-8206 (This space for State Use) JUL 0 8 2004 APPROVED BY CONDITIONS OF APPROVAL

