

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.	30-025-29073
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
Section	24
8. Well No.	432
9. Pool name or Wildcat	HOBBS (G/SA)

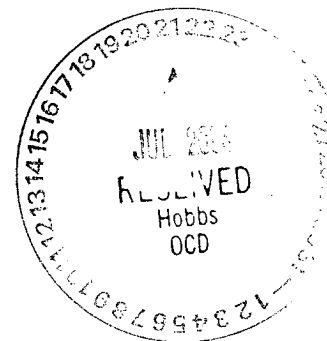
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)	
1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>
2. Name of Operator	Occidental Permian, Ltd.
3. Address of Operator	1017 W STANOLIND RD.
4. Well Location	Unit Letter <u>I</u> : <u>2471</u> Feet From The <u>SOUTH</u> Line and <u>1286</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3666' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <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. RUPU. Pull injection equipment.
2. Sqz San Andres Zone 2cU.
3. Drill out and test sqz to 700 psi.
4. Stimulate perms 4156' - 4272' w/2400 g 15% NEFE HCL acid.
5. Run 7" UNI VI pc pkr w/XL on/off tool w/1.875 ss "F" nipple.
6. Pkr set @4112'.
7. 133 jts 2-7/8" Duoline tbq.
8. Circ csg w/pkr fluid. Tst csg to 700 psi for 30 min and chart for the NMOCD.
9. RDPU. Clean Location.

Rig Up Date: 07/01/2004
Rig Down date: 07/09/2004



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

SIGNATURE Robert Gilbert TITLE Workover Compl Specialist DATE 07/21/2004
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Henry W. Wink TITLE FIELD REPRESENTATIVE II / STAFF MANAGER
CONDITIONS OF APPROVAL IF ANY:

JUL 27 2004

