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

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL C	OIL CONSERVATION DIVISION			Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		2040 Pacheco St.			WELL API NO. 30-025-05476		
DISTRICT II		Santa Fe, NM 87505			5. Indicate Type of Lease		
811 S. 1st Street, Artesia, NM 88210				FED		Е Х Р	TEE
DISTRICT III					Dil & Gas Lease No.		EE
1000 Rio Brazos Rd, Aztec, NM 87410					on a Gus Douse Ivo.		
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:						.) UNII	
Oil Well  2. Name of Operator	Gas Well	Gas Well Other INJECTOR					
Occidental Permian Ltd.					No. 121		
3. Address of Operator					ame or Wildcat	HOBBS	G(G/SA)
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200						TODDS	(GISA)
4. Well Location							
Unit Letter E : 1	650 Feet From The	NORTH	990	Feet From The	WEST	Line	
Section 24	Township	18S	Range	37E	NMPM	LEA	County
	10. Elevation (Show 3672 GL	w whether DF, RK	B, 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						<u> </u>	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG &						ABANDONM	ENT
PULL OR ALTER CASING CASING TEST AND CEMENT					=		
OTHER: Re-Activate Injector	or	X	OTHER:	<u> </u>			
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. DO plugs to ±4300.							
2. Squeeze Grayburg and upper San Andres perfs.							
3. Add perfs in Middle and Lower San Andres.							
4. Acidize perfs.							
5. Run injection equipment.							
					1118	1927	
Well is permitted to be re-activated and inject Water, CO2, and Produced Gas under Division Order R-6199-B.  Well listed in Exhibit B.							
Well listed in Exhibit B.	•			2	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<b>0</b> 00;	
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Thereby certify that the information Al					1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Engineering Advisor  TYPE OR PRINT NAME D. NEL SON							
SIGNATURE	NAME		TITLE Engineering	g Advisor	PÁT	E 77-26	204
	ELSON				TELEPHONE NO	505/397	7-8200
(This space for State Use)							
APPROVED BY HOLD TITLE  CONDITIONS OF APPROVAL IF AND  OC FIELD REPRESENTATIVE IL/STAFF MANAGER DATE  ALIG O A 2004							
CONDITIONS OF APPROVAL IF ANT:  OC FIELD REPRESENTATIVE TO THE PROPERTY OF THE					AUG 0 4 2004		