State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION		Revised's Ev Boot
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-28944	
<u>DISTRICT II</u>	·		5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210			STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreem	ent Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			NORTH HOBBS (G/SA) U	JNIT
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) 1. Type of Well:			Section 32 8. Well No. 223	
Oil Well X Gas Well Other			223	
2. Name of Operator Occidental Permian Ltd.			9. OGRID No. 157984	
3. Address of Operator			10. Pool name or Wildcat	HOBBS (G/SA)
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 4. Well Location				
Unit Letter F : 2630	Feet From The NORTH	1420Fee	t From The WEST	Line
Section 32	Township 18-S	Range 38-E	NMPM	LEA County
	11. Elevation (Show whether DF, RI 3634' GR	KB, RT GR, etc.)		
Pit or Below-grade Tank Application or Closure				
Pit Type Depth of Ground Water Distance from nearest fresh water well Distance from nearest surface water				
Pit Liner Thickness mil Below-Grade Tank: Volume bbls; Construction Material				
12. 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 OPI		BANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN		
OTHER:		OTHER:		
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
 RUPU. Pull injection equipment. Set cmt ret @4245'. 				10 188
3. Sqz below ret w/50 sx Prem + cmt w/3% CaCl.				
4. Tag cmt @4242'. New PBTD @4242'.				
 5. Run 7" UNI VI pc pkr, XL on/off tool w/1.875 ss"F" nipple, 131 jts 2-7/8" Duoline tbg. Pkr set @4053'. 6. Circ csg w/160 bbl pkr fluid. Load and tst csg to 560 psi for 30 min and chart for the NMOCD. 				
5. Run 7" UNI VI pc pkr, XL on/off tool w/1.875 ss"F" nipple, 131 jts 2-7/8" Duoline tbg. Pkr set @4053'. 6. Circ csg w/160 bbl pkr fluid. Load and tst csg to 560 psi for 30 min and chart for the NMOCD. 7. RDPU. Clean Location.				
Rig Up Date: 06/28/2005				:
Rig Up Date: 06/28/2005 Rig Down Date: 07/01/2005			15	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be				
constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved				
closed according to inviocing guidelines		l i	e OCD-approved	
DO +		plan		
SIGNATURE Robut	, a general permit	plan TITLE Workover Com	pletion Specialist DATE	07/05/2005
SIGNATURE Robert Gilbert TYPE OR PRINT NAME Robert Gilbert	, a general permit	plan		07/05/2005 505/397-8206
SIGNATURE TYPE OR PRINT NAME Robert Gilbert For State Use Only	, a general permit	plan TITLE Workover Com robert_gilbert@oxy.com OC FIELD REPRESEN	pletion Specialist DATE TELEPHONE NO. TATIVE !!/STAFF MANA	505/397-8206
SIGNATURE Robert Gilbert TYPE OR PRINT NAME Robert Gilbert	, a general permit	plan TITLE Workover Com robert_gilbert@oxy.com	pletion Specialist DATE TELEPHONE NO.	505/397-8206 GE製

