

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-30204
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
8. Well No.	322
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 INJECTOR	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	
4. Well Location Unit Letter <u>G</u> : <u>2480</u> Feet From The <u>NORTH</u> Line and <u>1509</u> Feet From The <u>EAST</u> Line Section <u>31</u> Township <u>18S</u> Range <u>38E</u> NMPM 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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: <u>Re-Perf squeezed perms</u>	<input checked="" 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. PULL INJECTION EQUIPMENT.
2. PERFORATE 4163-67.
3. ACID STIMULATE.
4. RETURN TO INJECTION.



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

SIGNATURE [Signature] TITLE PROD ENGR DATE 4-8-03
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY [Signature] TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 08 2003
CONDITIONS OF APPROVAL (IF ANY):