State of New Mexico

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department District Office OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-025-07666 Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 sIndicate Type of Lease FEE STATE DISTRICT III 6State Oil & Gas Lease No. 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 Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" South Hobbs (G/SA) Unit (FORM C-101) FOR SUCH PROPOSALS.) :Type of Well: GAS WELL WELL OTHER TA'D «Well No. 2Name of Operator Occidental Permian LTD 81 3Address of Operator Pool name or Wildcat 1017 W. Stanolind Rd. Hobbs, New Mexico Hobbs (G/SA) ₄Well Location 2310 Feet From The South 660 West Unit Letter Line and Feet From The Line 19 S 38 E Township Range **NMPM** 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: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. PBTD 4160' 8 5/8 @ 297' Circ. 5 1/2" 4163' TOC 2830' Cal. Perfs @ 4110'-4157' CIBP @ 4065' Tag Existing CIBP @ 4065' Circ. well w/ M.L.F. Spot 25 sks of cement @ 4065'-3965' Perf @ 2680' Sqz. 40 sks of cement 2680'-2580' WOC & Tag Perf @ 1600' Sqz. 40 sks of cement 1600'-1500' - TAG Perf @ 347' Circ. 85 sks of cement 347'-surface Cut off wellhead and anchors 3'BGL. Cap well. Install dry hole marker. THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103

TO BE APPROVED.

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

DATE 04-21-03

TYPE OR PRINT NAME Jack Shelton

TELEPHONE NO. 915-523-5155

(This space for State Use) y wwwink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APR 2 9 2003

CONDITIONS OF APPROVAL ANY



Amoco Production Company

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