

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.                         | 30-025-27140  |
| 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.                          | 222   |
| 9. Pool name or Wildcat              | HOBBS (G/SA)  |

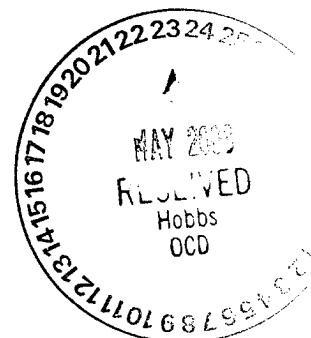
|  |   |
|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"<br>(FORM C-101 FOR SUCH PROPOSALS.) |   |
| 1. Type of Well:   | Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 F : 1720 Feet From The NORTH Line and 1370 Feet From The WEST Line<br>Section 32 Township 18S Range 38E NMPM LEA County |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.)  | 3632 GL   |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| PULL OR ALTER CASING <input checked="" type="checkbox"/>                      | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER: RUN 4-1/2" LINER <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 EQUIPMENT.
2. INSTALL AND CEMENT 4-1/2" LINER FROM 4250 TO 3950.
3. OPEN NEW PERFS 4112-4232.
4. ACID STIMULATE OPEN PERFS.
5. RUN INJECTION EQUIPMENT.
6. RUN MIT FOR NMOCD.
7. RETURN TO WATER INJECTION.

Well ready for water and CO2 injection per Division Rule R-6199-B, page 12, listed in other wells.



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 5-23-03  
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200  
(This space for State Use) **OC FIELD REPRESENTATIVE II/STAFF MANAGER**

APPROVED BY [Signature] TITLE DATE MAY 28 2003  
CONDITIONS OF APPROVAL IF ANY: