

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.
Santa Fe, NM 87505

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-07077
5. Indicate Type of Lease	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.	111
9. OGRID No.	157984
10. 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	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>D</u> : <u>330</u> Feet From The <u>NORTH</u> <u>330</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3650 GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 <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"/> Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <u>Re-Activate/ Deepen/ Convert to Injection</u> <input checked="" type="checkbox"/>	OTHER: _____ <input type="checkbox"/>

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.

- DO CIBP at 3750.
- Squeeze Upper San Andres perms.
- Deepen well to ± 4300 .
- Add perms and acid stimulate.
- Run Injection equipment and notify NMOCD of packer test.

With this work, this well will be ready to commence water and gas injection per Admin. Order PMX 230.

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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/>	
SIGNATURE <u>David Nelson</u>	TITLE <u>Engineering Advisor</u> DATE <u>8-29-05</u>
TYPE OR PRINT NAME <u>David Nelson</u>	E-mail address: _____ TELEPHONE NO. <u>505-397-8200</u>
For State Use Only	
APPROVED BY <u>Shayla W. Wink</u>	TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:	

OC FIELD REPRESENTATIVE II/STAFF MANAGER

OCT 20 2005