State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL CONSE	RVATION DIVISION	Novisca 1-1-09	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	20	40 Pacheco St.	WELL API NO.	_
DISTRICT II	Santa	Fe, NM 87505	30-025-28959	
811 S. 1st Street, Artesia, NM 88210			5. Indicate Type of Lease	1
DISTRICT III			FED X STATE FEE	<u></u>
1000 Rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			, 23020 Financial Agreement Financial	
1. Type of Well:	C-101 FOR SUCH PROPOSALS.)		NORTH HOBBS (G/SA) UNIT	
Oil Well X	Gas Well Other			
2. Name of Operator			8. Well No. 444	
Occidental Permian Ltd.				
3. Address of Operator 1017 W. Stanolind Rd., HOBBS,	NIM 99240 50	5/207 0000	9. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location	NIVI 88240 30	5/397-8200		
Unit Letter P : 215	Feet From The SOUTH	Line and -1 255 1	Feet From The EAST Line	
			Feet From The <u>EAST</u> Line	
Section 30	Township 18S		BE NMPM LEA County	
	10. Elevation (Show whether D. 3644	F, RKB, RT GR, etc.)		
11. Checl	Appropriate Box to Indicate	Nature of Notice, Report, or	Other Data	
NOTICE OF INT	ENTION TO:		BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O		=
PULL OR ALTER CASING				_
	Tv.	CASING TEST AND CEM	ENI JOB []	
Convert to injection	X	OTHER:		
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.				
			101121314157677 TO	
1. PULL PRODUCTION EQUIPME	ENT.		21314151677	
 DRILL OUT CIBP AT 4145. OPEN ADDITIONAL PAY. 				
4. ACID STIMULATE OPEN PERI	SS.			/.
5. RUN INJECTION EQUIPMENT			(S)	$\int_{\mathcal{E}_{\epsilon}}$
			© , WED	
Conversion per Division rule R-6199-B, exh B and Administration Order PMX-220			Hobbs OCO	. 1
			\602 OCD	
			\$293037	
I hereby certify that the information above is tru	e and complete to the best of my kn	owledge and belief.		_
SIGNATURE ()	46/	TITLE PROD ENGR	DATE 7-14-03	
TYPE OR PRINT NAME D. NELSON				
(This space for State Use)		OC FIELD REPRESENT	ALIVE 11/3-17 TELEPHONE NO. 505/397-8200	_
\checkmark	1,1	.	II 11	_
APPROVED BY Laure.	wink	TITLE	date JUL 1 5 2003	<u>}</u>
CONDITIONS OF APPROVAL IF(ANY:				