

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

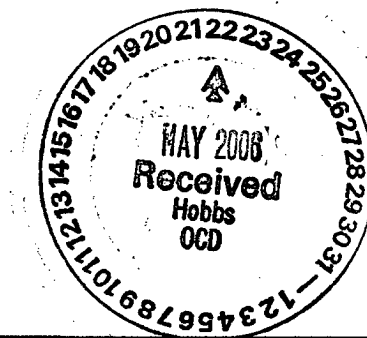
WELL API NO.	30-025-07363
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
8. Well No.	331
9. OGRID No.	157984
10. Pool name or Wildcat	HOBBS (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> TA'd Producer	8. Well No. 331
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	10. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter J : 2310 Feet From The SOUTH 2310 Feet From The EAST Line Section 19 Township 18-S Range 38-E NMPM LEA County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) DF 3661	
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	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" 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: _____ <input 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.

1. Notify NMOCD and test casing and CIBP at 3950 to 500 psig.
2. Perforate 7" csg at 2730 ft and attempt to circulate cement to surface in 7x9-5/8 annulus.
3. Tag plug back and notify NMOCD of pressure test.
3. If cement not circulated in step 2, perforate 7" at 200 ft and attempt to circulate cement up annulus.
4. Tag TOC, fill 7" with cement.
5. Cut off wellhead, per landowner requested method, weld plate or marker with well data.
6. Remove anchors and clean up location.



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 ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David Nelson TITLE Engineering Advisor DATE 5-19-06  
TYPE OR PRINT NAME David Nelson E-mail address: \_\_\_\_\_ TELEPHONE NO. 505-397-8200

For State Use Only  
APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 22 2006  
CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_

THE OIL CONSERVATION DIVISION MUST  
BE NOTIFIED 24 HOURS PRIOR TO THE  
BEGINNING OF PLUGGING OPERATIONS.

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