

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. 30-025-07458

5. Indicate Type of Lease  
FED ☐ STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
NORTH HOBBS (G/SA) UNIT

8. Well No. 431

9. Pool name or Wildcat HOBBS (G/SA)

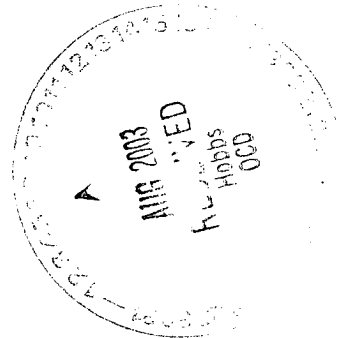
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input 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>I</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>29</u> Township <u>18S</u> Range <u>38E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3649 GL	

11. 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Deepen to lower San Andres</u> <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 PRODUCTION EQUIPMENT.
2. DEEPEN TO LOWER SAN ANDRES.
3. CHANGE OUT WELLHEAD.
4. RETURN TO PRODUCTION



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 7-31-03  
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY [Signature] ORIGINAL SIGNED BY GARY W. WINK DATE AUG 07 2003  
CONDITIONS OF APPROVAL IF ANY: OC FIELD REPRESENTATIVE II/STAFF MANAGER