State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 07666 30-025-07886 Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 sIndicate Type of Lease FEE X STATE DISTRICT III 6State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" South Hobbs (G/SA) Unit (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL WELL OTHER Ta'd «Well No 2Name of Operator Occidental Permian LTD 81 3Address of Operator Pool name or Wildcat 1017 W. Stanolind Rd. Hobbs, New Mexico Hobbs(G/SA) 4Well Location 2310 _ Feet From The South 660 West Unit Letter Line and Feet From The Line 9 198 Section 38E Township Range Lea County 10Elevation (Show whether DF, RKB, RT, GR, etc.) 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 6-25-03 Tagged CIBP @ 4065'. Circulate Hole salt Gel Mud. Spot 25 sx Class C 4065'-3818'. Perforate 4 SPF @ 2680'. Not Able to pump in @ 1700PSI. 6-26-03 Spot 25 sx Class C 2730'-2483'. WOC. Tag Plug @ 2514'. Perforate \$\text{SPF} @ 1600'. Squeeze 40 sx Class C. WOC. 6-27-03 Tag Plug @ 1489'. Perforate 4 SPF @ 380'. Circulate 107 sx Class C to Surface in Annulus & Leave Casing full. Cut off & Install Dry Hole Marker Approved as to plugging of the Well Bore. Liability under bond is retained until surface restoration is completed. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE PAPA Supervisor TYPE OR PRINT NAME

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE AUG - 0

CONDITIONS OF APPROVAL, IF AN