

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	
30-025-05436	
5. Indicate Type of Lease	
STATE	<input checked="" type="checkbox"/> X FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
NORTH HOBBS (G/SA) UNIT	
8. Well No.	241
9. OGRID No.	157984
10. Pool name or Wildcat	HOBBS (G/SA)

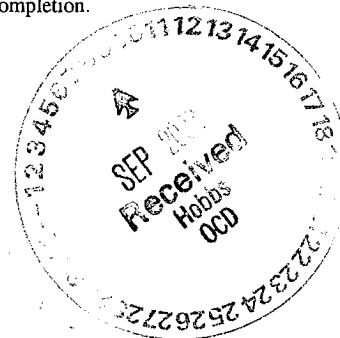
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other TA'D WELL	
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>N</u> : <u>660</u> Feet From The <u>SOUTH</u> <u>1980</u> Feet From The <u>WEST</u> Line Section <u>13</u> Township <u>18-S</u> Range <u>37-E</u> NMPM LEA County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3671 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	
<b>NOTICE OF INTENTION TO:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>
OTHER: <u>Convert to Injection and activate</u>	<input type="checkbox"/>
<b>SUBSEQUENT REPORT OF:</b>	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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. DO CIBP and CO to TD 4320.
2. Log well.
3. Acid stimulate.
5. Run injection equipment.
6. Notify NMOCD of packer test.

Injection grated under Division Order R-6199-B



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	Engineering Advisor
DATE	<u>9/6/06</u>		
TYPE OR PRINT NAME	David Nelson	E-mail address:	TELEPHONE NO. 505-397-8200

For State Use Only

APPROVED BY	<u>Harry W. Wink</u>	OC FIELD REPRESENTATIVE N/STATE MANAGER	DATE
CONDITIONS OF APPROVAL IF ANY:			

SEP 08 2006