

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.	30-025-22601
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.	431
9. OGRID No.	157984
10. Pool name or Wildcat	HOBBS (G/SA)

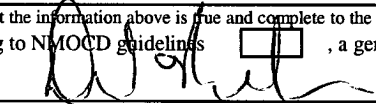
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR	8. Well No. 431
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 I : 1650 Feet From The SOUTH 990 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.) 3663 DF	
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			
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"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Squeeze Upper San Andres, OAP, & AT <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

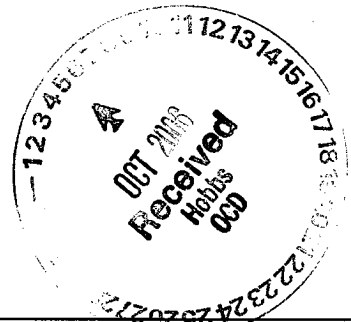
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)
SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. RU and pull injection equipment.
2. Squeeze upper San Andres 4150-4240.
3. Re-perf, 4228-40 and acid stimulate.
4. Change out wellhead, tbq, and packer.
5. Run injection equipment.
6. Notify NMOCD of packer test.

With completion of this work, CO2 gas injection will commence as graded 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	TITLE	DATE	
	Engineering Advisor	10/4/06	
TYPE OR PRINT NAME	E-mail address:	TELEPHONE NO.	
David Nelson		505-397-8200	

For State Use Only		
APPROVED BY	TITLE	DATE
	OC FIELD REPRESENTATIVE II/STAFF MANAGER	
CONDITIONS OF APPROVAL IF ANY:		



OCT 05 2006