## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	Revised 1-1-89
DISTRICT I P O Box 1980, Hobbs, NM 88240	2040 Pacheco St.	WELL API NO.
DISTRICT II	Santa Fe, NM 87505	30-025-28958
811 S. 1st Street, Artesia, NM 88210		FED X STATE FEE
<u>DISTRICT III</u>		6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410		
	NOTICES AND REPORTS ON WELLS	
	PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A SERVOIR USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
	RM C-101 FOR SUCH PROPOSALS.)	NORTH HOBBS (G/SA) UNIT
1. Type of Well: Oil Well	Gas Well Other Injector	
2. Name of Operator	Gas Well Other Injector	8. Well No. 443
Occidental Permian Ltd.		7
3 Address of Operator	C NIM 00240 505/207 0200	9. Pool name or Wildcat HOBBS (G/SA)
1017 W. Stanolind Rd., HOBB: 4. Well Location	S, NM 88240 505/397-8200	
Unit Letter P : 1300	Feet From The SOUTH Line and 106 Fee	t From The <u>EAST</u> Line
Section 30	Township 18S Range 38E	NMPM LEA County
	10. Elevation (Show whether DF, RKB, RT GR, etc.) 3648 GL	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPI	
PULL OR ALTER CASING ,	CASING TEST AND CEMEN	
OTHER: TA Pressure Observation	1 i D n	
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 bare tbg and packer.		
2. Set Plug over perfs at approxim	nately 3970.	
3. Notify NMOCD of packer test.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2
<ol> <li>Pull bare tbg and packer.</li> <li>Set Plug over perfs at approximately 3970.</li> <li>Notify NMOCD of packer test.</li> <li>Disconnect surface equipment and TA well.</li> </ol>		
Hederal Horm 3160 will be filed		
Received 55 Hobbs OCD		
	\% Hobbs	57/
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I hereby certify that the information above	is true and complete to the best of my knowledge and belief.	
SIGNATURE	TITLE PROPERTY ENGRA	ADVISOR DATE 12/2/07
TYPE OR PRINT NAME D. NELSO		TELEPHONE NO 505/397-8200
(This space for State Use)		
APPROVED BY	W. WITTLE OC PRELD REPRESENTATIVE IL	STAFF MAMAGEI DATE FEB 0 6 2008
CONDITIONS OF APPROVAL IF ANY:	THEE	DATE
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