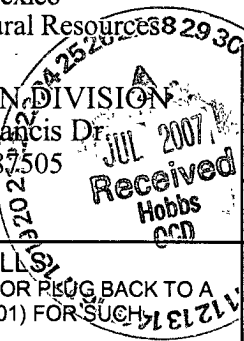


Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505



WELL API NO. 30-025-04751 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1573
7. Lease Name or Unit Agreement Name: State I Com ✓
8. Well Number 2 ✓
9. OGRID Number 157984 ✓
10. Pool name or Wildcat Eumont; Yates-7 Rvrs-Qn (Gas) 76480

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 checked="" type="checkbox"/> Other	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3609'
2. Name of Operator Occidental Permian Limited Partnership	
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	
4. Well Location Unit Letter C : 660 feet from the north line and 1980 feet from the west line Section 22 Township 21S Range 36E NMPM County Lea	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ 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:

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: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Return Well to Production <input checked="" 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.

6/29/07

RU Nabors Rig #571 to TA well bore, FTP-0#

50 psi, Bleed down pressure on Csg. Pull 6 stands, well started flowing soap from csg
WO Maclaskey transport truck. Run bit to 2915' & pulled 112 Jts. SION

7/2/07

SIP-50 psi, Bleed down pressure, Kill well w/60 bbls B/W.

Run w/4 Jts tail pipe, Pkr, SN, & 88 Jts. RD pulling unit, W/o Gas Connection

7/5/07

Put well on line and test.

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 NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 7/26/07

Type or print name David Stewart

E-mail address:

Telephone No. 432-685-5717

For State Use Only

APPROVED BY Chris Williams TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE FEB 08 2008

Conditions of Approval, if any: