N.M. Oil Cons. Division 1625 N. French Dr. Hobbs, NM 88240

Form 3160-5	UNIT	ED STATES	1	FORM AP	PROVED	
(June 1990)		IENT OF THE INTERIOR		Budget Bureau No. 1004-0135		
	BUREAU OF LAND MANAGEMENT			Expires: March 31, 1993		
				5. Lease Designation and Serial No.		
SUNDRY NOTICES AND REPORTS ON WELLS				LUDSA	<u>50)</u>	
Do note use this form for proposals to drill or to deepen or reentry to a different reservoir.				6. If Indian, Allottee or Tribe	Name.	
Use "APPLICATION FOR PERMIT" for such proposals						
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement D	Designation.	
				North Hobbs G/SA Unit		
1. Type of Well						
Oil Well Gas Well X Other Produced Gas and Water Injector				8. Well Name and No.		
2. Name of Operator				North Hobbs Unit #536		
Oxy Permian Ltd. 3. Address and Telephone No.				9. API Well No.		
1017 W. Stanolind Rd., Hobbs NM 88240 (505) 397-8200				30-025-36286 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M, or Survey Description)				Hobbs Grayburg/San Andres Pool		
641 FSL & 2419 FEL				11. County or Parish,	001	
Sec 30, T-18-S, R-38-E				J,		
Unit Letter O				Lea, NM		
12. CHECK APPROPRIATE	E BOX(s) TO INDICATE NA	ATURE OF NOTICE, REPORT, OF	R OTHER DAT	ſA		
TYPE OF SUBMISSION TYPE OF ACTI				N	•••••	
				······································		
X Notice of Intent		Abandonment		Change of Plans		
		Recompletion		New Construction	,	
Subsequent Report		Plugging Back		Non-Routine Fracturing		
		Casing Repair		Water Shut-Off		
Final Abandonment	t Notice	Altering Casing		Conversion to Injection		
		X Other Plug off lower perfs and	bhe f	Dispose Water		
		perfs		Dispose water		
				Report results of multiple comp		
			Comple	tion or Recompletion Report a	nd Log form)	
13. Describe Proposed or Completed Op drilled give subsurface locations and me	rerations (Clearly state all pertinent d easured and true vertical denths for all	etails, and give pertinent dates, including estin l markers and zones pertinent to this work.)	nated date of starti	ng any proposed work. If well i	is directionally	
annea, 5100 Subbarrade Totations and m	astron and the vortical deputs for a	i markets and zones pertilient to this work.)				
1. Pull injection equipment.						
2. PB to 4275 with cement and s	and					
3. Perforate 4177-4235.	. •			0345670		
4. Acid stimulate perfs.			,	120.00	2	
 Notify NMOCD of packer test. Run injection equipment and return well to injection. 				5	03	
				123456 0112003 020 2003 020 2003 020 2003 020 2003 020 2003 020 2003 020 2003 020 20 020 20 00 000 20 00 00 00 00 00 00 00 00 00 00 00 00 0	5)	
Submitted NMOCD State forms to district office.						
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\wedge				205155 S		
I hereby certify that the information abo	te is and complete to the best of	my knowledge and belief				
	F III CHIER LINE DESI OF	N	14			
SIGNATURE	White the	TITLE PA	DO ENKIN	DATE	10-21-03	
(This space for Federal or State office us	BFROVED					
APPROVED BY	G. SGD.) DAVID F. GL	455 TITLE		DATE		
CONDITIONS OF APPROVAL IF AN		milb				
CONDITIONS OF AFFROVAL F AN	OCT 2 4 2003					
Title 18 U.S.C. Section 1001 make	a it a prime for any series 1			0.1 ** 1 4 0		
false, fictitious or fraudulent statem	s it a crime for any person know	ngly and willfully to make to any departr	ment or agency o	t the United States any		
	ROLEUM ENGINEER					
	(v) Start La Can Sat 1 (2) - Eau 2 (v) Staf 2 (2) - Paul Res 3 (V)					
	11. T					
(WL					
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