State of New Mexico Revised 1-1-89 to Appropriate Energy, Minerals and Natural Resources Department District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-025-22006 Santa Fe, NM 87505 DISTRICT II ₅Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 «State Oil & Gas Lease No SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" South Hobbs (G/SA) Unit (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: OÍL WELL WELL OTHER TA'D Injector «Well No. »Name of Operator Occidental Permian Ltd. Pool name or Wildcat 3Address of Operator Hobbs (G/SA) 1017 Stanolind Rd. Hobbs, New Mexico ₄Well Location 990 990 South East Feet From The Line Unit Letter Feet From The Line and 19-S 38-E Lea County Section Township Range 10Elevation (Show whether DF, RKB, RT, GR, etc.) 3598' DF 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ANBANDONMENT TEMPORARILY ABANDON PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 10/27/03 Tagged existing CIBP @ 4028'. Circ. well w/ plugging mud. Spot 25 sks of cement @ 4028'-3781'. Perf @ 2600' Held 1000 psi. Spot 25 sks of cement @ 2650'. Tagged @ 2305' 10/28/03 Perf @ 1600' Held 1000 psi. Spot 25 sks of cement @ 1650'. Tagged @ 1420'. Spot 45 sk surface plug 400'-surface Cut off wellhead and anchors 3' BGL. Cap well. Installed dry hole marker. Approved as to plugging of the Well Bore. Liability under bond is retained until surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

JA Saper visor

TYPE OR PRINT NAME

TELEPHONE NO. 6 38

NOV 1 0 2003 OG FIELD REPRESENTATIVE WSTAFF MANAGER

CONDITIONS OF APPROVAL