Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	WELL API NO. 30-025-26121 sIndicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEEX	
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.)	rLease Name or Unit Agreement Name South Hobbs (G/SA) Unit	
Type of Well: OIL GAS WELL WELL OTHER TA'D		
2Name of Operator Occidental Permian Ltd.	₃Well No. 126	
3Address of Operator 1017 Stanolind Rd. Hobbs, New Mexico	₀Pool name or Wildcat Hobbs (G/SA)	
4Well Location		
Unit Letter N : 1295 Feet From The South Line and 136	5 Feet From The West Line	
Section 10 Township 19-S Range 38-E	NMPM Lea County	
¹⁰ Elevation (Show whether DF, RKB, RT, GR, etc.)		
¹¹ Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SU	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT X		
PULL OR ALTER CASING CASING TEST AND CASING TE	EMENT JOB	
OTHER: OTHER:		
 ¹²Describe Proposed or Completed Operations (<i>Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work</i>) SEE RULE 1103. 10/16/03 Tagged existing CIBP @ 3689'. Circ. well w/ plugging mud. Spot 25 sks of cement @ 3675'-3434'. 10/17/03 Perf. @ 2680' Pressured up to 1000 psiHeld. Spot 25 sks of cement @ 2756'-2515' (No tag Gary Wink Ok'd) Perf @ 1652' 		
Pressured up to 1000 psiHeld. Spot 25 sks of cement @ 1714'-1473'. Spot 45 sks of cement 400'-surface.		
Cut off wellhead and anchors 3' BGL. Capped 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 BODJAL TITLE AT Supervisor DATE 10-72-07		
TYPE OR PRINT NAME 303131 CERCHI		
(This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF MY: CONDITIONS OF APPROVA		