

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-07647

Indicate Type of Lease
STATE ☒ FEE

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name
South Hobbs (G/SA) Unit

Well No.
9

Pool name or Wildcat
Hobbs (G/SA)

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA'D	
Name of Operator Occidental Permian Ltd.	
Address of Operator 1017 Stanolind Rd. Hobbs, New Mexico	
Well Location Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line Section 6 Township 19-S Range 38-E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3642' DF	

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Td 4221' PBDT 4187' Perfs 4062'-4172' 15 1/2" @ 200' 175 sks, 10 3/4" 2777' 400 sks, 7" 3926' 250 sks, 5 1/2" 0-3802' 200 sks
5" liner 3802'-4221' 100 sks CIBP @ 3795'

Tag existing CIBP
Circ. well w/ M.L.F.
Spot 25 sks of cement on top of CIBP 3795'
Perf @ 2827' Sqz. 45 sks of cement 2827'-2727' Woc & Tag
Perf @ 1667' Sqz. 40 sks of cement 1667'-1567' Woc & Tag
Perf @ 400' Circ. cement to surface with all annulus open.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

Cut off wellhead & anchors 3' BGL. Cap well. Install dry hole marker.

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

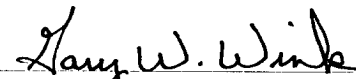
SIGNATURE  TITLE Agent DATE 11-06-03

TYPE OR PRINT NAME Jack Shelton

TELEPHONE NO. 432-523-5155

(This space for State Use)

APPROVED BY



OC FIELD REPRESENTATIVE II/STAFF MANAGER
TITLE

DATE

NOV 12 2003

CONDITIONS OF APPROVAL, IF ANY: