Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO 2040 Pacheco St. 30-025-29442 Santa Fe. NM 87505 DISTRICT II sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE 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 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" South Hobbs (G/SA) Unit (FORM C-101) FOR SUCH PROPOSALS.) ₁Type of Well: WELL 🔀 OTHER TA'D «Well No. 2Name of Operator Occidental Permian Ltd. 198 3Address of Operator Pool name or Wildcat 1017 Stanolind Rd. Hobbs, New Mexico Hobbs (G/SA) ₄Well Location 749 North 1981 West Unit Letter Feet From The Line and Feet From The Line 6 38 E Township Range NMPM Lea County 10 Elevation (Show whether DF, RKB, RT, GR, etc.) 3648' GL 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ANBANDONMENT X 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. 11/06/03 Tagged existing CIBP @ 4100' 11/07/03 Circ. well w/ plugging mud. Spot 25 sks of c cement 4100'-3853'. Spot 25 sks @ 2600'-2353' (EL ok'd no tag). Spot 35 sks @ 1634'. Tagged @ 1320'. 11/10/03 Spot 40 sk surface plug 400'-surface. Cut off wellhead and anchors 3' BGL. Cap well. Install 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. TITLE PAA Supervisor DATE 16-6-03 SIGNATURE TYPE OR PRINT NAME TELEPHONE NO. 63P7375

(This space for State Use)

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CONDITIONS OF APPROVAL, IF ANY