

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. 30-025-29410
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
Well No. 200
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 <input type="checkbox"/>	
Name of Operator Occidental Permian, Ltd.	
Address of Operator 1017 W. Stanolind Rd. Hobbs, New Mexico	
Well Location Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East Line Section 6 Township 19-S Range 38-E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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: ☐

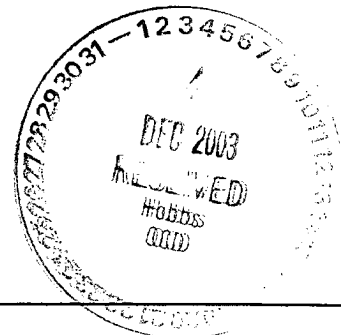
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11/14/03 Tagged existing CIBP @ 4020'. Circ. well w/ plugging mud. Spot 25 sks of C cement 4020'-3773'. Spot 25 sks of cement 2680'-2433'. Spot 25 sks of cement 1650'. Tagged TOC @ 1450'

11/17/03 Perf @ 300' Circ. cement down 5 1/2 up annulus to surface.

Cut off wellhead & 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 Robert Gilbert TITLE SR. Engr. Tech DATE 12-02-03

TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 397-8206

(This space for State Use)

APPROVED BY Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 10 2003