State of New Mexico

Energy, Minerals and Natural Resources Department						P	Cevised 1-1	-07	
DISTRICT I 1625 N. French Drive , I	=	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO.					
			Mexico 87503	30-025-29275					
					5. Indicate Typ				
					FED	STATE	FE	E X	
					6. State Oil & 0	Gas Lease No.			
OLD IDDA NOTICES AND DEPODITS ON WELLS									
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.)						7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT			
1. Type of Well:						SECTION 33			
1	il Well X	Gas Well	Other	,					
2. Name of Operator	OCCIDE	NTAL PERMIAM, LTD.			8. Well No.	234			
3. Address of Operator	1017 W S	TANOLIND RD.			9. Pool name o HOBBS (G/S.				
4. Well Location					-J				
Unit Letter K	: 1372	Feet From TheS	OUTH	Line and 2563 Fee	et From The	WEST	Line		
Section	33	Township	18-S	Range 38-	E NMP	М	LEA (County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3633' GL									
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other NOTICE OF INTENTION TO: SUBSEQUE						EPORT OF:			
PERFORM REMEDIA	L WORK	PLUG AND ABANDON		REMEDIAL WORK	X	ALTERING	CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE D				COMMENCE DRILLING O	G OPNS. PLUG & ABANDONMENT				
PULL OR ALTER CASING CASING TEST AND CEMI					ENT JOB				
OTHER: Open Addition					ıal Pav				
12. 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		cions (Cieurty state all pe	типет исти	us, una give perimem aaies, me	iaang esimulea a	ince of similing t	any proposi		
Pull ESP equipment. Perforate the followin Using 2 JSPF and 12 Stimulate new perfs v RIH w/Reda ESP equ RDPU. Clean Location Rig Up Date:	ng intervals; 4098 0 degree phasing. w/5180 g 15% NE uipment on 131 jt:			5, and 4214-51 (207 shots)	10 10 25 26 27 20 20 20 20 20 20 20 20 20 20 20 20 20	12031-12 120005 120005 1200061811	aterial sections of the section of t	024	
					`	~c61817	•		

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE DOWNHOLE SPECIALIST DATE 12/02/2003 TYPE OR PRINT NAME PHONE NO. 505/397-8206 OC FIELD REPRESENTATIVE HISTAFF MANAGER DEC 2 3 2003 (This space for State Use)

CONDITIONS OF APPROVAL IF NY: