## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE OIL CONSERVATION DIVISION										
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505					WELL API NO. 30-025-05540				
<u>DISTRICT II</u>	,					5. Indicate Type of Lease				
811 S. 1st Street, Artesia, NM 88210						FED	STATE	X	FEE	
DISTRICT III						6. State Oil &	Gas Lease No.			
1000 Rio Brazos Rd, Aztec, NM 87410										
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:							DDC (0/6/1)	J1111		
Oil Well  2. Name of Operator	Gas Well Other TA'D WELLBORE									
Oxy Permian LTD.						8. Well No.	321			
3. Address of Operator						9. Pool name o	or Wildcat	HORE	BS (G/SA	1)
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200								HODL	oo (Olor	1)
4. Well Location									-	
Unit Letter G : 1650	· · · · · · · · · · · · · · · · · · ·	NORTH	Line and	1650	_ Feet	From The	EAST	Line		
Section 36	Township	18S		Range	37E	NMI	PM	LEA	County	, ,
	10. Elevation (Shor	w whether DF, R	KB, RT GR, et	c.)						
11. Ci	neck Appropriate Box	to Indicate N	ature of No	tice Repor	t or O	ther Data				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:										
PERFORM REMEDIAL WORK	PLUG AND ABAND	DON	REMEDIA	L WORK			ALTERING	CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMEN	ICE DRILLIN	IG OPN	s. $\square$	PLUG & A	3ANDON	MENT	
PULL OR ALTER CASING			CASING	TEST AND C	EMEN	г ЈОВ				
OTHER: Casing Leak		X	OTHER:							
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.										
<ol> <li>Locate casing leak.</li> <li>Attempt to raise TOC from 2780.</li> <li>DO and retest casing to 500 psig.</li> </ol>										
Notify NMOCD to witness integrity testing.										
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I hereby certify that the information above	is true and complete to the b	est of my knowle	edge and belief	:		· · · · · · · · · · · · · · · · · · ·				
SIGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		TITLE	DDOD EX	ICID.		T) A TITE	1 -:	25-0	17
<del></del>	ON ON		IIILE	PROD EN	NGK		DATE			
TYPE OR PRINT NAME D. NELS  (This space for State Use)	OIN					TE.	LEPHONE NO.	505/3	97-8200	
,						7 D BY				
APPROVED BY			TITLE	<del></del>	<del>- K</del> A	<del>517 -</del>	(PATE)	3 0	<del>2002</del>	
CONDITIONS OF APPROVAL IF ANY:			1	ElhuLL	آيا ا <i>ل</i> ال	GINEER	TITLE .	<b>-</b> 0	LVB(	