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	0	2040 Pacheco St.	WELL API NO.
P.O. Box 1980, Hobbs, NM 8824	υ	Santa Fe, NM 87505	30-025-07492 5. Indicate Type of Lease
DISTRICT II 811 S. 1st Street, Artesia, NM 882	210		FED STATE FEE X
DISTRICT III			6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 8	37410		
SUNI	DRY NOTICES AND REPO	ORTS 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:	(TOKWC-101 TOK SOCITIK	0103/123.)	- CORTITIONES (G/SA) CIVIT
Oil Well	Gas Well	Other INJECTOR	Section 31
2. Name of Operator			8. Well No. 321
OXY PERMIAN LTD 3. Address of Operator			9. Pool name or Wildcat HOBBS (G/SA)
1017 W. Stanolind Rd.,	HOBBS. NM 88240	505/397-8200	7. Foot hame of Wildeat HOBBS (U/SA)
4. Well Location			
Unit Letter <u>G</u> :	2200 Feet From The	NORTH Line and 2310	Feet From The <u>EAST</u> Line
Section 31	Township		8E NMPM LEA County
	10. Elevation (Sho 3644' GL	w whether DF, RKB, RT GR, etc.)	
<i> </i>		to Indicate Nature of Notice, Report, o	or Other Data
	OF INTENTION TO:		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANI	DON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CEM	
OTHER:		OTHER: SQZ perfs in	
 Describe Proposed or Comple SEE RULE 1103. 	ted Operations (<i>Clearly state all pe</i>	rtinent details, and give pertinent dates, includi	ng estimated date of starting any proposed work)
4. Stimulate perfs w/1260	ut and replace wellhead. g 15% HCL Acid.		
5. RIH w/137 jts 2-7/8" tb	og. TAC 6 jts above SN. SN =	4275'.	<i>*</i>
Rig Up Date: 03/12/2003			* ?
Rig Down Date: 03/20/2003			
			₩ A - W
I hereby certify that the information	on above is true and complete to the	e best of my knowledge and bellet.	
SIGNATURE	obut Tillent	TITLE SR. ENGR T	TECH DATE 03/22/2003
TYPE OR PRINT NAME ROOM	OBERT GILBERT		TELEPHONE NO. 505/397-8200
(This space for State AFGINAL	COLOR MAY		MAR 28
	I SIGNED BY		
APPROVED BY GARY W.		TITLE	DATE