State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION			Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505			WELL API NO. 30-025-23207		
<u>DISTRICT II</u>	Santa 1 c, 1vivi 67505		5. Indicate Ty	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			7. Lease Name	7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)			NODTHIC		D. DOTE	
1. Type of Well:	die introductifikologaza.)			OBBS (G/SA) U	JNII	
Oil Well X	Gas Well Oth	er				
2. Name of Operator			8. Well No.	114		
Occidental Permian Ltd. 3. Address of Operator						
1017 W. Stanolind Rd., HOBBS, N	JM 88240	505/397-8200	9. Pool name o	or Wildcat	HOBBS (G/SA)	
4. Well Location		303/377 0200				
Unit Letter D: 660	Feet From The NORT	H Line and 660	Feet From The	WEST	Line	
Section 33	Township 185		— AOF: NB.0			
33	Township 185 10. Elevation (Show whether		38E NMI	?M	LEA County	
	3648 GL					
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
DERECORM DEMEDIAL WORK DISTRICT AND ADARDON DISTRICT DESCRIPTION OF THE PROPERTY OF THE PROPER						
TEMPORARILY ABANDON	CHANGE PLANS			ALTERING (<u> </u>	
PULL OR ALTER CASING	CHANGE FLANS	COMMENCE DRILLIN		PLUG & AB	ANDONMENT	
	_	CASING TEST AND C	EMENT JOB			
OTHER: Add Additional Pay in Sar	1 Andres	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.						
1 PULL PRODUCTION EQUIPMENT.						
2. PERFORATE SAN ANDRES 4045-98.						
3. ACID STIMULATE NEW PERFS.						
4. RUN PRODUCTION EQUIPMEN	JT.					
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I hereby certify that the information above is true	and complete to the best of my k	mowledge and belief.			· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	77	TITLE PROD EN	GR	DATE	2-4-03	
TYPE OR PRINT NAME D. NELSON				LEPHONE NO.	505/397-8200	
(This space for State Use)					_	
APPROVED BY	, who is a	SIGNETURY			•	
CONDITIONS OF APPROVAL IF ANY:	CWS/ M		ALLEN AL PER	PEB	1 1 2003	
	CART YY ZYC FIFI	. WINK D REPRESENTATIVÉ II/S	TAFF MANAGER			