State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
811 S. 1st Street, 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.
30-025-27059

5. Indicate Type of Lease
FED [ ] STATE [ ] FEE [X]

6. State Oil & Gas Lease No.

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:
Oil Well [ ] Gas Well [ ] Other Injector

2. Name of Operator
Oxy Permian LTD.

8. Well No. 422

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505 397-8200

9. Pool name or Wildcat HOBBS (G/SA)

4. Well Location
Unit Letter H : 1520 Feet From The NORTH Line and 1300 Feet From The EAST Line

Section 30 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3651 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER Squeeze Upper San Andres	[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.

1 Pull injection equipment.
2 Squeeze perfs in upper San Andres (4034-4097).
3 Run injection equipment and circulate packer fluid and return well to water injection.
4 Notify NMOCD of packer test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE D. NELSON TITLE PROD ENGR DATE 8-8-02

TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505 397-8200

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY W. WINK FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 16 2002

CONDITIONS OF APPROVAL IF ANY: