State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

FILE IN TRIPLICATE OIL	CONSERVATION DIVISION	Revised 1-1-89
<u>DISTRIC'I I</u> P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.	WELL API NO.
	Santa Fe, NM 87505	30-025-28885
DISTRICT II		5. Indicate Type of Lease
DISTRICT III		FED STATE FEE X
1000 Rio Brazos Rd, Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND RE	DODE ON WENT	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		7. Lease Name or Unit Agreement Name
(FORM C-101 FOR SUCH F	PROPOSALS.)	NORTH HOBBS (G/SA) UNIT
1. Type of Well:		TORTH TO DDB (G/SA) GIVIT
Oil Well Gas Well 2. Name of Operator	Other INJECTOR	
Occidental Permian Ltd		8. Well No. 442
3. Address of Operator		9. Pool name or Wildeat HORRS (C/SA)
1017 W. Stanolind Rd., HOBBS, NM 88240	505/397-8200	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location		
Unit Letter P : 1230 Feet From The	SOUTH Line and 220 Feet	From The EAST Line
Section 20		LAST
Section 29 Township	18S Range 38E now whether DF. RKB, RT GR, etc.)	NMPM LEA County
3643 GL	iow whether DF, RKB, RI GR, etc.)	
Check Appropriate Bo	x to Indicate Nature of Notice. Report, or Ot	har Data
NOTICE OF INTENTION TO:		EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABA		
TEMPORARILY ABANDON CHANGE PLANS		ALTERING CASING
PULL OR ALTER CASING	Brazilio Brazilio Of No.	L 200 & ADAMOONIVIENT
L	CASING TEST AND CEMENT	JOB
OTHER: Change equipment to prepare for CO2 injection	X OTHER:	
	_	
12. Describe Proposed or Completed Operations (Clearly state all per SEE RULE 1103.	ertinent details, and give pertinent dates, including est.	imated date of starting any proposed work)
1. Pull injection equipment.		
Change equipment. Notify NMOCD of packer test.		
3. Notify NMOCD of packer test.4 Return to injection.		
rectain to injection.		
		,
Injection permitted under Division Rule R-6199-B, Page	: 12	
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I hereby certify that the information above is true and complete to the	hart ofle and the state of	
	best of my knowledge and benefit.	4.2
SIGNATURE WITH A SIGNATURE	TITLE PROD ENGR	
TYPE OR PRINT NAME D. NELSON		TELEPHONE NO. 505/397-8200
(This space for State Use)	Contract of the contract of th	
APPROVED BY	- ORIGINAL SIĞNED FI - Gary W. WINK E	DATAN 9 2 1 19
CONDITIONS OF APPROVAL IF ANY:	OC FILLO REPRESENTATIVE BYSTAF	E MANAGES DUAN 12 & 11