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. 30-025-28955

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: Occidental Permian Ltd.

8. Well No. 333

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 J : 1400 Feet From The SOUTH Line and 2430 Feet From The EAST Line
Section 30 Township 18S Range 38E NMPM LEA County

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

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 CHANGE EQUIPMENT	[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. CHANGE OUT EQUIPMENT.
3. RETURN TO INJECTION.
4. NOTIFY NMOCD OF PACKER TEST.

CO2 INJECTION PERMITTED UNDER DIVISION RUL 3 R-6199-B, PAGE 12, and SEC 18

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

SIGNATURE [signature] TITLE PROD ENGR DATE 2-23-03

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY [illegible] TITLE _____ DATE FEB 27 2003

CONDITIONS OF APPROVAL, IF ANY: OC FIELD REPRESENTATIVE II/STAFF MANAGER