State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department Form C-103 to Appropriate Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. WELL API NO. Santa Fe, NM 87505 <u>30-025-34</u>983 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE X DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) North Hobbs G/SA Unit 1. Type of Well: OIL X GAS WELL OTHER 2. Name of Operator 8. Well No. Occidental Permian Limited Partnership 3. Address of Operator 9. Pool name or Wildcat P.O. Box 4294, Houston, TK 77210-4294 Hobbs; Grayburg - San Andres 4. Well Location Unit Letter 1196 North Feet From The 1823 Line and Feet From The \_ East Line Township 18-S Range 38-E Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3652' 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 AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: \_ Rum 5-1/2" Casing X 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 6/1/00 -6/2/00: Run 105 jts. 5-1/2", 15.5#, J-55, LT&C casing with 12 centralizers and set at 4403'. Cement with 800 sx. Premium Plus Neat (lead) w/72,000 SCF Nitrogen and 100 sx. Premium Plus tail. Plug down and circulate 140 sx. to pit. Set ECP and bleed off N2 on backside. Cap with 100 sx. Premium Plus. WOC. Set slips, cut off casing, ND BOP, and install wellhead. Release drilling rig @ 09:00 hours, 6/2/00.

I hereby certify that the information above is true and complete to the best of r	my knowledge and belief.		
SIGNATURE MOUK Stephens	THILE Business Analyst (SG)	DATE	06/05/2000
TYPE OR PRINT NAME Mark Stephens		TELEPHONE NO.	281/552-1158
(This space for State Use)			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	rmisi <u>Racii w P</u>	DATE	98