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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate
District Office

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-35349 DISTRICT II Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE  $\square$ 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 or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) North Hobbs G/SA Unit 1. Type of Well: OIL X 8. Well No. 2. Name of Operator Occidental Permian Limited Partnership 9. Pool name or Wildcat 3. Address of Operator Hobbs; Grayburg - San Andres P.O. Box 4294, Houston, TX 77210-4294 4. Well Location 638 West 1639 SH Unit Letter Feet From The Feet From The Line and Line 1007.4 East BH 27/28 18-S 38-E NMPM Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3634' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLANS **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: \_\_\_\_Spud & Run Surface Casing 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. 1/22/01: MI x RU. Spud 13-3/8" hole @ 3:30 a.m. (NMOCD notified) 1/25/01 -1/26/01: Rum 41 jts. 9-5/8", 32#, J-55, ST&C casing with 10 centralizers and set at 1621'. Cement with 800 sx. PBCZ followed by 250 sx. Premium Plus. Plug down x circulate 250 sx. to surface. WOC. Cut off casing, weld on wellhead, and nipple up. Test blind rams & pipe rams to 800 psi and drill out. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Business Analyst (SG) DATE TELEPHONE NO. TYPE OR PRINT NAME Mark Stephens (This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: