State of New Mexico Form C-103 Revised 1-1-89 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-35385 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE ... 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 GAS WELL OTHER 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 South 1245 1860 Feet From The Line Line and SH Unit Letter Feet From The . West 855.6 South 1860 BH 18-S 38-E County Township Range 32 Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** 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** Rum 5-1/2" Casing OTHER: __ 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. 3/17/01: Rum 109 jts. 5-1/2", 15.5#, J-55, LT&C casing with 12 centralizers and set at 4400'. Pump 250 sx. Premium Plus cement (first stage). Circulate 105 sx. Pump second stage cement, 600 sx. Interfill 'C' (lead) and 100 sx. Premium Plus (tail). Circulate 182 sx. to surface and plug down. Nipple down x set slips x rig down. Release drilling rig at 12:30 a.m., 3/18/01. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE <u>Business Analyst (SG)</u> SIGNATURE

TITLE

TELEPHONE NO.

CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME

APPROVED BY_

(This space for State Use)