

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.	30-025-35450
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
Section	24
8. Well No.	612
9. Pool name or Wildcat	HOBBS (G/SA)

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.)

1. Type of Well:	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	Occidental Permian Ltd.
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200
4. Well Location	Unit Letter <u>E</u> : <u>2220</u> Feet From The <u>NORTH</u> Line and <u>406</u> Feet From The <u>WEST</u> Line Section <u>24</u> Township <u>18S</u> Range <u>37E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3676' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	SUBSEQUENT REPORT OF:		
NOTICE OF INTENTION TO:			
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of completion of proposed work)
SEE RULE 1103.

NOTIFY THE NMOCD 24 HR BEFORE CSG TEST. (393-6161)

1. RUPU. POH W/PRODUCTION EQUIPMENT.
2. RIH W/5.5" CSG SCRAPER TO 4200'.
3. SET 5.5" CIBP @4175'. TOP PERF @4216'.
4. CIRC CSG W/PKR FLUID.
5. TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOCD.
6. NU WELLHEAD FLANGE.
7. RDPU. CLEAN LOCATION

THE COMMISSION
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE CSG
TO BE APPROVED.



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

SIGNATURE Robert Gilbert TITLE SR. ENGR. TECH DATE 03/27/2002
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY
CONDITIONS OF APPROVAL IF ANY: PAUL F. KANTZ
PETROLEUM ENGINEER

APR 11 2002