State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. 2040 Pacheco St. P.O. Box 1980, Hobbs NM 88241-1980 30-025-35450 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Ric 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 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 406 North 2220 Feet From The Line and _ _ Feet From The _ Line 37-E County 18-S Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3676' GR 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 PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB PULL OF ALTER CASING OTHER: Soud & Rum 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. 12/3/01: MI \times RU. Spud 12-1/4" hole at 7:00 p.m. (NMOCD notified) 12/7/01 -12/8/01: Rum 38 jts. 8-5/8", 24#, J-55, ST&C casing with 10 centralizers and set at 1507' Cement with 600 sx. PBCZ followed by 250 sx. Premium Plus. Plug down and circulate 88 sx. to surface. WOC. Nipple up and test BOP. Drill out cement and resume drilling operations.

I hereby certify that the information above is true and complete to the best o	f my knowledge and belief.	
SIGNATURE Mark Stephen	TITLE <u>Business Analyst (SG)</u>	DATE12/11/01
TYPE OR PRINT NAME Mark Stephens		TELEPHONE NO. 281/552-1158
	100	
(This space for State Use)		
APPROVED BY	mie production of the control of the	DATE