APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

Energy linerals and Natural Resources Department. to Appropriate Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-35384 DISTRICT II Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE X 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 OTHER 2. Name of Operator 8. Well No Occidental Permian Limited Partnership 834 3. Address of Operator 9. Pool name or Wildcat P.O. Box 4294, Houston, TX 77210-4294 Hobbs: Grayburg - San Andres 4. Well Location 962 South Feet From The 2365 _ Line and _ __ Feet From The _ 18-S Township Range 38-E County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3627' 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: ___ Run 5-1/2" Casing 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. 4/24/01 -4/25/01: Rum 107 jts. 5-1/2", 15.5#, J-55, LT&C casing with 12 centralizers and set at 4300'. Cement first stage with 250 sx. Premium Plus. Bump plug x circulate 147 sx. Shut down, drop bomb, and open DV tool. Cement second stage with 500 sx. Interfill 'C' (lead) and 100 sx. Premium Plus (tail). Circulate 75 sx. to surface. Nipple down x set slips x rig down. Release drilling rig at 1:30 a.m., 4/25/01. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE _ TITLE Business Analyst (SG) TYPE OR PRINT NAME TELEPHONE NO. (This space for State Use)

TITLE