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State of New Mexico Energy inerals and Natural Resources Departmen

Form C-103 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 30-025-35555 DISTRICT II Santa Fe. NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE [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 P.O. Box 4294, Houston, TX 77210-4294 Hobbs; Grayburg - San Andres 4. Well Location North 1542 2140 __ Feet From The _ Line and _ _ Feet From The _ Line 18-S 37-E **NMPM** Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3669' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLANS **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** x 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.

6/10/01 -

6/11/01: Rum 109 jts. 5-1/2", 15.5#, J-55, LT&C casing with 13 centralizers and set at 4438'. Pump 250 sx. Premium Plus cement (first stage). Circulate 120 sx. and plug down. Pump second stage cement, 500 sx. Interfill 'C' (lead) and 100 sx. Premium Plus (tail). Bump plug and circulate 182 sx. to surface. Nipple down x set slips x rig down.

Release drilling rig at 8:30 p.m., 6/11/01.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Mark Stephen	TITLE .	Business Analyst (SG)	DATE	6/12/01
TYPE OR PRINT NAME Mark Stephens			TELEPHONE NO.	281/552-1158
(This space for State Use)		5 ivet		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	_ TITLE _	Orig. September Paul Laute Geologist	DATE	<u></u>