Submit 3 Copies to Appropriate

State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department 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. 30-025-35742 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.) South Hobbs (GSA) Unit 1. Type of Well: OIL X GAS WELL OTHER 2. Name of Operator 8. Well No. Occidental Permian Limited Partnership 3. Address of Operator 9. Pool name or Wildcat P.O. Box 4294, Houston, TX 77210-4294 Hobbs; Grayburg - San Andres 4. Well Location 2246 Unit Letter North SH: Feet From The West Line and Feet From The Line Ε BH: 2006 67 North West 34 18-S Section Township 38-E Range **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 36357 CT. 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: $|\mathbf{x}|$ OTHER: __ Soud & Run Surface 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. 12/16/01: MI x RU. Spud 13-1/2" hole at 2:30 a.m. 12/17/01 -12/18/01: Rum 41 jts. 9-5/8", 32#, J-55, ST&C casing with 10 centralizers and set *** 1560'. Cement with 600 sx. PBCZ lead and 250 sx. Premium Plus tail. Bump plug and circulate 75 sx. to surface. WOC. Test BOP x drill out cement x resume drilling operations I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE <u>Business Analyst (SG)</u> 12/20/01 DATE TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 281/552-1158 (This space for State Use)

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: