## State of New Mexico

Form C-103

to Appropriate	Energy, Minerals and Natural Resources Department					ent Revised 1-1-89				
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980  DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980  2040 Pacheco St. Sonto Fe NM 87505					SION [	WELL API NO. 30-025-35999				
DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210						5. Indicate Ty	pe of Lease STATI	а П	FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						6. State Oil & Gas Lease No.				
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.)										
					AIT"			Init Agreement Name Obbs G/SA Unit		
1. Type of Well: OIL WELL	GAS WELL		OTHER							
2. Name of Operator						8. Well No.				
Occidental Permian Limited Partnership						9. Pool name or Wildcat				
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294							or wildcal ; Grayburg	- San An	dres	
4. Well Location SHL: Unit Letter BHL: Section	I : 1528 I 1581 29/32	Feet From The Township	South South 18-S Ration (Show whether	inge 38 er DF, RKB, RT	1014 -E	Feet	From The		Line County	
		nanista Par	. to Indicate	3644' GL	Notice I	Papart or	Other Dat	to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
II.		Propriate Box	to Indicate	Nature of r			T REPOR			
1401		PLUG AND A			-		<del></del>		٠ ا	
PERFORM REMEDIAL	REMEDIAL WORK ALTERING CASING									
TEMPORARILY ABANDON CHANGE PLANS CO					COMMENCE DRILLING OPNS. L PLUG AND ABANDONMENT L					
PULL OR ALTER CASING CASING						MENT JOB				
OTHER:				OTHER:S	pud & Ru	n Surface	Casing		[ <u>x</u>	
12. Describe Proposed work) SEE RUL		tions (Clearly sta	ate all pertinent deta	ails, and give per	rtinent date	s, including es	timated date of s	tarting any	proposed	
9/21/02:	MI x RU. Spuc	i 13-3/4" hole	e at 8:00 a.m.	(NMOCD no	otified)					
9/22/02 - 9/23/02:	Cement with 6 113 sx. to su	550 sx. PBCZ 1 urface. WOC. (	H-40, ST&C cas followed by 30 Cut off casing Drill out ce	10 sx. Prem <sup>.</sup> , x weld on	ium Plus wellhea	. Plug dow d x nipple	n and circ up. Test l	ılate	ns	

I hereby certify that the information above is true and complete to the best of my knowledge and belief. THILE \_\_\_\_\_ Business Analyst (SG) 9/26/02 \_\_\_ DATE \_\_\_ Mark Stephens TELEPHONE NO. TYPE OR PRINT NAME <u>Mark Stephens</u> (This space for State Use) OCT 1 1 2002 ORIGINAL SIGNED BY GARY W. WINKITE
OC FIELD REPRESENTATIVE II/STAFF MANAGER APPROVED BY\_ CONDITIONS OF APPROVAL, IF ANY: