State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-07635

5. Indicate Type of Lease

| FED | | STATE | | FEE | X |

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.)

7. Lease Name or Unit Agreement Name
SOUTH HOBBS (G/SA) UNIT

1. Type of Well:

Oil Well [ ]   Gas Well [ ]   Other   INJECTOR

2. Name of Operator   OCCIDENTAL PERMIAN LTD.

8. Well No.   115

3. Address of Operator   1017 W. STANOLIND RD.

9. Pool name or Wildcat
HOBBS (G/SA)

4. Well Location

Unit Letter   I   :   2310   Feet From The   SOUTH   Line and   330   Feet From The   EAST   Line

Section   6   Township   19-S   RANGE   38-E   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3631' DF

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG & ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: REACTIVATE AS INJECTOR   [X]

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.

TEST DATE: 06/24/01

PRESSURE READING: 300 PSI

LENGTH OF PRESSURE READING: 15 MIN

TEST WITNESSED: NO

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE   Engineering Tech   DATE   07/12/01

TYPE OR PRINT NAME   Steve W. Jones   TELEPHONE NO.   505-397-8228

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL IF ANY

TP C I I

6 P.M.
7
8
9
10
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3
2
1
NOON
11
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6 A.M.
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3
2
1
MIDNIGHT
11

900
800
700
600
500
400
300
200
100

GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK

BR 2221

6/24/01
Occidental
SWS #15
Key 412
Danny Costanan
Pilot