

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

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Active injector	WELL API NO. 30-025-28332
2. Name of Operator OCCIDENTAL PERMIAN LTD.	5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 1017 W. STANOLIND RD.	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>335</u> Feet From The <u>NORTH</u> Line and <u>520</u> Feet From The <u>WEST</u> Line Section <u>3</u> Township <u>19-S</u> RANGE <u>38-E</u> NMPM LEA County	7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3629' KB	8. Well No. 128
	9. Pool name or Wildcat HOBBS (G/SA)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Casing Integrity Test</u> <input checked="" type="checkbox"/>	

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: 03/03/03

PRESSURE READING: INITIAL - 320 PSI; 15 MIN - 310 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 Steve W Jones TITLE ENGINEERING TECH DATE 03/18/03  
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228  
NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

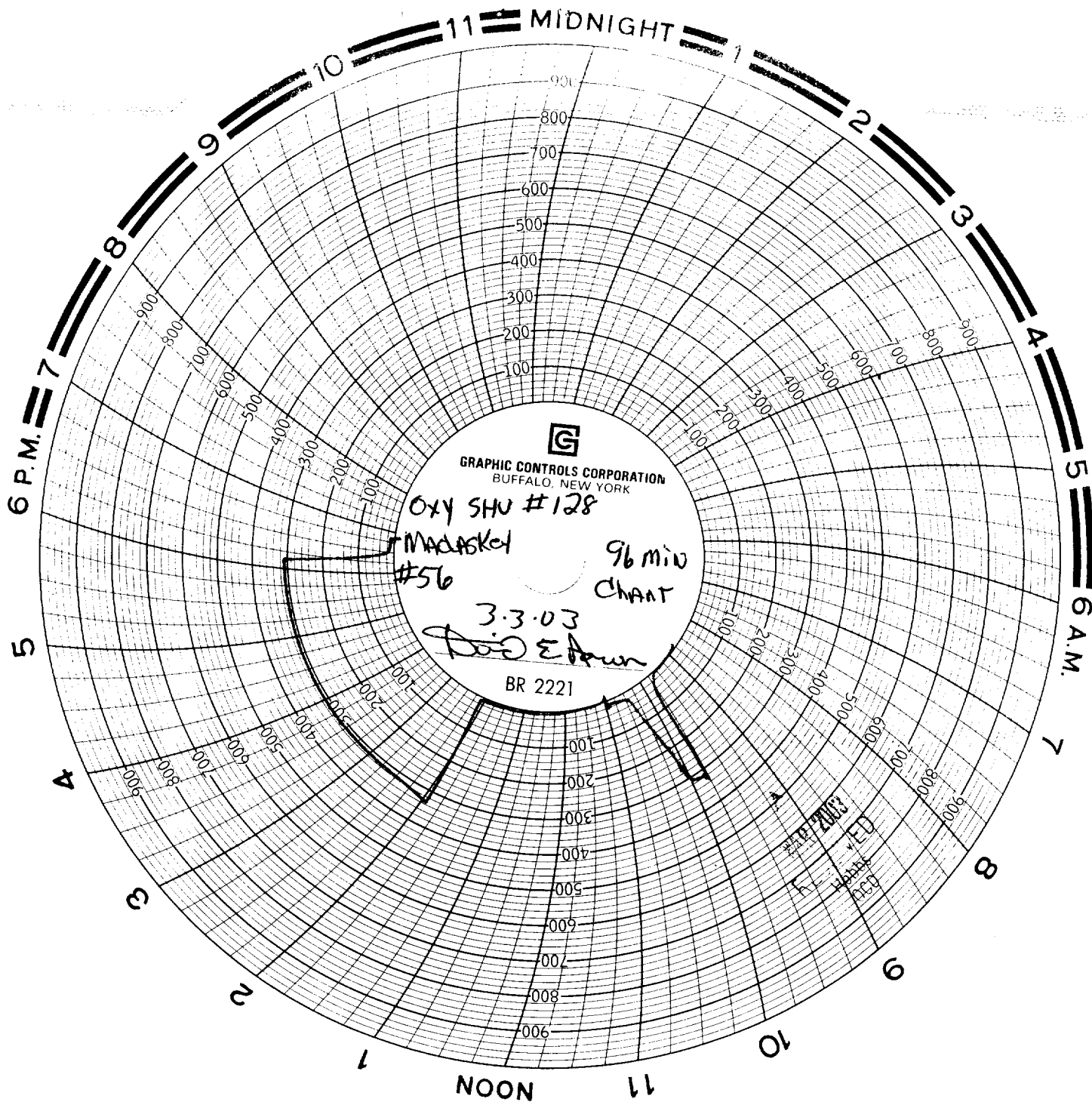
ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

MAR 19 2003



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

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#56

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3.3.03

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