State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL CONSERVA	ATION I	DIVISION					
<u>DISTRICT I</u>	2040 Pacheco St.			WELL API NO.				
P.O. Box 1980, Hobbs, NM 88240 Santa Fe, NM 87505)5	30-025-29750 5. Indicate Type of Lease				
DISTRICT II				FED FED	STATE	X FEI	Е	1
811 S. 1st Street, Artesia, NM 88210 DISTRICT III				6. State Oil & Ga		7		
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 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:					(5, 5, 1,)			
Oil Well	Gas Well Other TA	A'd Well						
2. Name of Operator				8. Well No.	211			
Occidental Permian, Ltd. 3. Address of Operator				9. Pool name or	Wildcat	HOBBS (G/SA)	
1017 W. Stanolind Rd., HOBE	BS, NM 88240 505/39	7-8200					. = . = /	
4. Well Location								
Unit Letter F : 1790	0 Feet From The NORTH	Line and	1420 Fee	et From The	WEST	Line		
	Taymakin 100		Range 38E	NMPN	1	LEA C	County	
Section 5	Township 19S 10. Elevation (Show whether DF, RK	(B, RT GR, e		, Rimin				
	3615 GL	, . ,						
	heck Appropriate Box to Indicate Na	ture of No	tice, Report, or	Other Data				
NOTICE OF INTENTION TO: SUBSEC					PORT OF:		_	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTERING (CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OF				NS.	PLUG & AB	ANDONME	ENT [
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB							
OTHER:		OTHER:	Return to Pro	duction - Open	Additional I	Pay	_ [X
12. Describe Proposed or Completed Ope	erations (Clearly state all pertinent details, and	d give pertin	ent dates, including	estimated date of st	arting any prope	osed work)		
SEE RULE 1103.								
3. Stimulate perforations w/15004. Rig up Halliburton and frac w	n 3952' to 3965' using 2 JSPF and 180 0 g 15% HCL Acid. well w/464 BTF. Ramp 20/40 sand from pkr and set @3898'. XL On/Off Tool w	1 to 5 PP	G.	03	ODO SOGON Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	25,25262728293033		
I hereby certify that the information above	ve is true and complete to the best of my knowl	ledge and be	ief.					
SIGNATURE Robert	- Lilbut	TITLE	SR. ENGR TEG	СН	DATE	10/23/2	001	
	RT GILBERT			TEL	EPHONE NO.	505/397		
(This space for State Use)			 	<u>-</u> ,		NOV	(t fa	2007
APPROVED BY		TITLE	ORIGINAL		DATE	MOA	• • •	बाला १३ ४
CONDITIONS OF APPROVAL IF ANY	Y:	_		KAUTZ		-		
CONDITIONS OF METROTALE IT AIT	••		PETROLEUN	A ENGINEER				