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## State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-35305 DISTRICT II Santa Fe. NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATE \_\_ 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 OTHER 8. Well No. 2. Name of Operator Occidental Permian Limited Partnership 9. Pool name or Wildcat 3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294 Hobbs; Grayburg - San Andres 4. Well Location 1556 Feet From The 1102 North Unit Letter \_ Line and \_ \_ Feet From The \_\_ Line Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON CHANGE PLANS** CASING TEST AND CEMENT JOB L **PULL OR ALTER CASING** Rum 5-1/2" Casing x OTHER: \_\_\_ OTHER: . 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. 1/5/01 -1/6/01: Rum 109 jts. 5-1/2\*, 15.5#, J-55, LT&C casing with 12 centralizers and set at 4342'. Pump 200 sx. Premium Plus cement (first stage). Bump plug, drop bomb, and open DV tool. Pump second stage cement, 1300 sx. Interfill 'C' (lead) and 100 sx. Premium Plus (tail). Circulate 314 sx. to surface. Bump plug x nipple down. Set slips x rig down. Release drilling rig at 6:45 a.m., 1/6/01. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Business Analyst (SG) SIGNATURE 01/08/01 DATE TYPE OR PRINT NAME TELEPHONE NO. 281/552-1158 Mark Stephens

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY