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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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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 STATE [ FEE X 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 GAS WELL OTHER 8. Well No. 2. Name of Operator Occidental Permian Limited Partnership 242 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 North 1102 Unit Letter \_ Line and \_ \_\_\_ Feet From The \_ Line Township 19-S Range 38-E **NMPM** Lea County Section 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: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: \_ Soud & Run Surface Casing 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. 12/27/00: MI x RU. Spud 12-1/4" hole @ 3:30 a.m. (NMOCD notified) 12/28/00 -12/29/00: Rum 36 jts. 8-5/8", 24#, J-55, LT&C casing with 10 centralizers and set at 1500'. Cement with 500 sx. PBCZ (lead) and 250 sx. PBCZ tail. Plug down x circulate 15 sx. to surface. WOC. Nipple up BOP, test blind rams (30 min.) and pipe rams (30 min.), tag cement, and drill out. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Business Analyst (SG) SIGNATURE TYPE OR PRINT NAME TELEPHONE NO. Mark Stephens 281/552-1158 (This space for State Use) APPROVED BY\_ CONDITIONS OF APPROVAL, IF ANY: