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State of New Mexico Energ Minerals and Natural Resources Departme

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-35554 DISTRICT II Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 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 2. Name of Operator 8. Well No. Occidental Permian Limited Partnership 245 3. Address of Operator 9. Pool name or Wildcat P.O. Box 4294, Houston, TX 77210-4294 Hobbs: Grayburg - San Andres 4. Well Location **1303** Feet From The ____ South 708 ____ Feet From The __ _ Line and ___ Unit Letter . East Line Section Township 19-S NMPM Range 38-E County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3610' 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 ALTERING CASING REMEDIAL WORK **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: _ Soud & Run Surface Casing 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. 5/24/01: MI x RU. Spud 12-1/4" hole at 8:00 a.m. (NMOCD notified) 5/25/01 -5/26/01: Rum 39 jts. 8-5/8", 24#, J-55, ST&C casing with 10 centralizers and set at 1555'. Cement with 600 sx. PBCZ followed by 250 sx. Premium Plus. Plug down and circulate 110 sx. to surface. WOC. Nipple up and test blind rams and pipe rams to 1000 psi 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) DATE TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (This space for State Use) APPROVED BY _ TITLE _

CONDITIONS OF APPROVAL, IF ANY: