

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

<p>WELL API NO. 30-025-05491</p>	
<p>5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>	
<p>6. State Oil & Gas Lease No.</p>	
<p>7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT</p>	
<p>SECTION 25</p>	
<p>8. Well No. 111</p>	
<p>9. Pool name or Wildcat HOBBS (G/SA)</p>	
<p>4. Well Location Unit Letter <u>D</u> <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>18-S</u> <u>37-E</u> NMPM LEA County</p>	
<p>10. Elevation (Show whether DF, RKB, RT GR, etc.) 3663' GL</p>	

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>TEMPORARY ABANDON WELL</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.

POOH W/PRODUCTION EQUIPMENT. LAYING DOWN RODS AND PUMP.
RIH W/5.5' CSG SCRAPER TO 4080'.
SET 5.5" CIBP @4054'. TOP PERF @4087'.
TEST CSG TO 520 PSI FOR 30 MIN AND CHART FOR THE NMOCD.
CIRC CSG WITH INHIBITED FLUID.
POOH LAYING DOWN TBG.
RDPU AND CLEAN LOCATION.

WELL IS TEMPORARILY ABANDONED.

RIG UP DATE: 07/27/2001
RIG DOWN DATE: 07/30/2001

This Approval of Temporary Abandonment Expires 10/4/06

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE COMPLETIONS SPECIALIST DATE 08/03/2001
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

5
2
/

