

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**

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

WELL API NO. 30-025-28266

5. Indicate Type of Lease  
FED  STATE  FEE

6. State Oil & Gas Lease No.

**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  
NORTH HOBBS (G/SA) UNIT

1. Type of Well:  
Oil Well  Gas Well  Other INJECTOR

~~SECTION 32~~

2. Name of Operator OCCIDENTAL PERMIAM, LTD.

8. Well No. 342

3. Address of Operator 1017 W STANOLIND RD.

9. Pool name or Wildcat  
HOBBS (G/SA)

4. Well Location  
Unit Letter O : 457 Feet From The SOUTH Line and 1437 Feet From The EAST Line  
Section 32 Township 18-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3626' GL

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 checked="" 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: _____ <input 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.

RUPU. PULL OUT OF HOLE W/INJECTION EQUIPMENT.  
SQZ LINER TOP LEAK W/500 SKS CMT.  
DRILL OUT CMT AND TEST CSG TO 600 PSI. HELD OK.  
CLEAN OUT TO 4313'.  
ACID TREAT WITH 1500 G 15% HCL ACID.  
RIH W/5.5" GUIBERSON UNI VI PKR AND SET @3964'.  
TEST CSG TO 540 PSI FOR 30 MIN AND CHART FOR THE NMOCD.  
CICR CSG W/INHIBITED FLUID.  
RDPU. CLEAN LOCATION.

WELL RETURNED TO INJECTION 09/05/00.

RIG UP DATE : 07/19/00  
RIG DOWN DATE: 07/21/00 (JOB SUSPENDED)

RIG UP DATE : 08/19/00  
RIG DOWN DATE: 09/01/00 (JOB COMPLETED)

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

SIGNATURE Robert N. Gilbert TITLE DOWNHOLE SPECIALIST DATE 07/03/2000  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

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C  
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