

DIS 18-CT 1

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.	30-025-07620
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

<p align="center">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.)</p>		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR	8. Well No. 29
2. Name of Operator	OCCIDENTAL PERMIAN LIMITED PARTNERSHIP	9. Pool name or Wildcat HOBBS (G/SA)
3. Address of Operator	1017 W STANOLIND RD.	
4. Well Location		
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line		
Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>1EA</u> County		
10. Elevation (Show whether DF, RKB, RT GR, etc.)		
3600' 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 1109

Rig up Pulling Unit 05/15/00
Perforate San Andres Zone from 4053' - 4097' (4 ISPF, 90 Degree phased)
Acidize perms w/2000 gal 15% HCL acid.
RIH w/injection equipment.
Set 5 5" Gimberson UNI VI pkr @ 3993'.
Test csg to 560# for 30 min and chart for the NMOCD.
Circ csg with inhibited fluid.
Rig Down and Clean Location.
Well returned to injection.

Rig Up Date: 05/15/00
Rig Down Date: 05/18/00

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 06/01/00
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____

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