

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. 50-025-28901

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 / Unit Agreement Name
SOUTH HOBBS G/SA UNIT

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator OCCIDENTAL PERMIAN, LTD.

8. Well No. 256

3. Address of Operator 1017 W STANOLIND RD.

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

4. Well Location
Unit Letter E : 2420 Feet From The NORTH Line and 213 Feet From The WEST Line
Section 4 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3622' 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. Do not include estimated data. Do not include work) SEE RULE 1103.

RUPU. PULL ESP EQUIPMENT.
PERFORATE THE SAN ANDRES ZONE FROM 4073' - 4075' and 4096' - 4102'. USING 4 JSPE AND 90 DEGREE CHASE.
ACIDIZE WITH 2400 g 15% HCL ACID.
RIH W/ REDA ESP ON 125 JTS 2-7/8" TBG.
INTAKE SET @3980'.
WELL RETURNED TO PRODUCTION.

RIG UP DATE: 09/25/00
RIG DOWN DATE: 09/26/00

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

SIGNATURE Robert N. Gilbert TITLE COMPLETION SPECIALIST DATE 10/05/2000
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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7

12345
↑
2000
Received
Hobbs
OCD