

DISTRICT:

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.
 30-025-29751

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
 SOUTH HOBBS (G/SA) UNIT

1. Type of Well: Oil Well Gas Well Other Active injector

2. Name of Operator OCCIDENTAL PERMIAN LTD.

8. Well No. 212

3. Address of Operator 1017 W. STANOLIND RD.

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

4. Well Location
 Unit Letter F : 1478 Feet From The NORTH Line and 2589 Feet From The WEST Line
 Section 5 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 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>Casing Integrity Test</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.

TEST DATE: 02/17/03

PRESSURE READING: INITIAL - 360 PSI; 15 MIN - 355 PSI

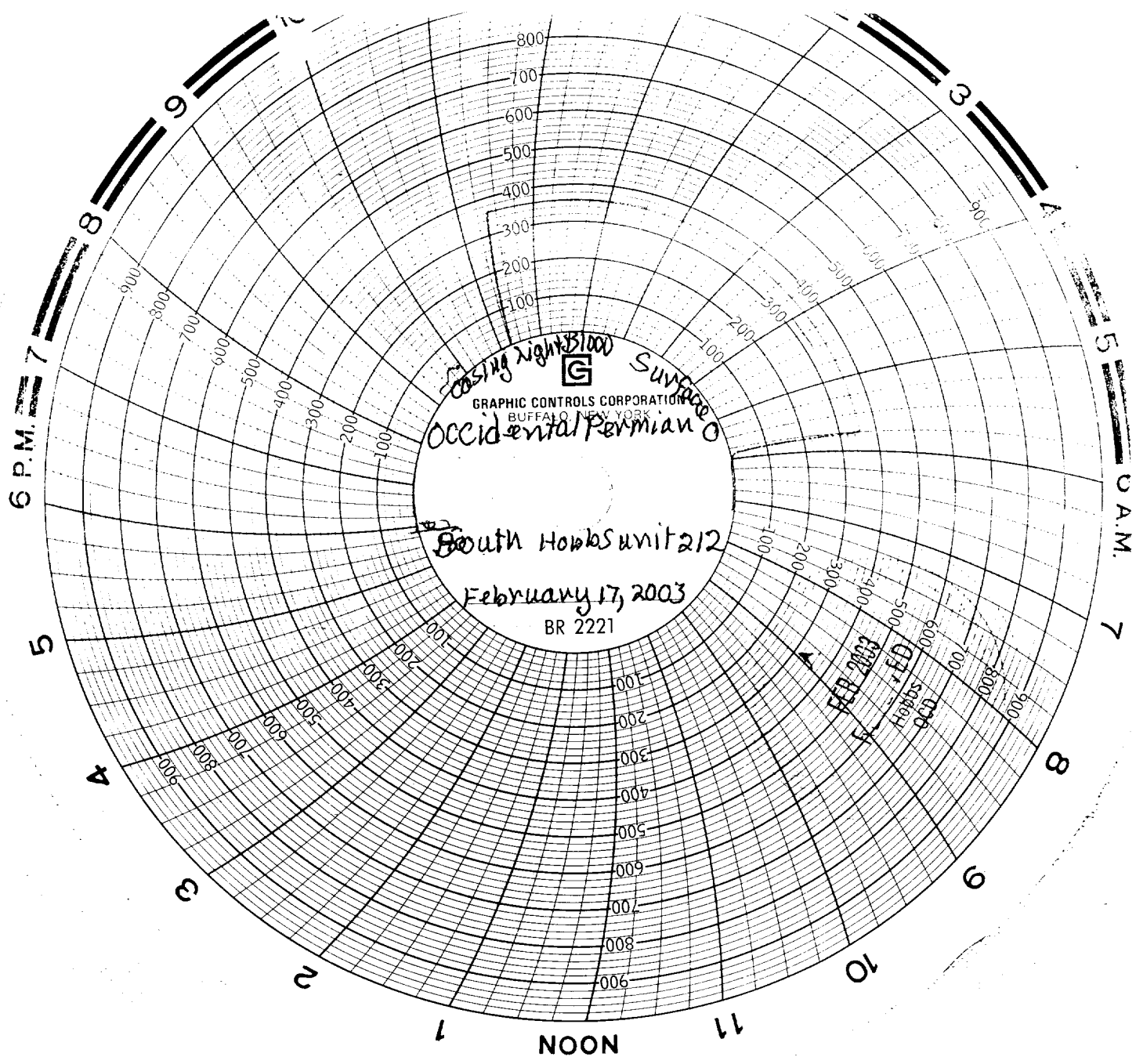
LENGTH OF PRESSURE READING: 15 MIN

TEST WITNESSED: NO

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

SIGNATURE Steve W Jones TITLE ENGINEERING TECH DATE 02/25/03
 TYPE OR PRINT NAME STEVE W JONES TELEPHONE NO. 505/397-8228

(This space for State Use)
 APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 04 2003
 CONDITIONS OF APPROVAL IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Occidental Permian

South Hobbs unit 212

February 17, 2003

BR 2221

Casing 1131000



Surface

FEB 2003

WED

High 900

Low 500

Wind 000

Rel 000

Hum 000

Pres 000

Vis 000

Cloud 000

Wet Bulb 000

Wet Bulb Globe 000

Wet Bulb Globe 000

Wet Bulb Globe 000

Wet Bulb Globe 000