

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.
30-025-28354

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 Temporarily Abandoned

2. Name of Operator
OCCIDENTAL PERMIAN LTD.

8. Well No. 151

3. Address of Operator
1017 W. STANOLIND RD.

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

4. Well Location
Unit Letter B : 710 Feet From The NORTH Line and 2410 Feet From The EAST Line
Section 10 Township 19-S RANGE 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3603' 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 - TA status</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.

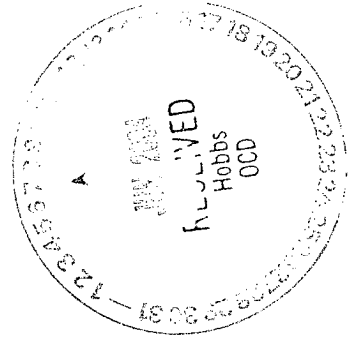
TEST DATE: 05/07/04

PRESSURE READING: INITIAL - 585 PSI; 15 MIN - 580 PSI; 30 MIN - 575 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

This Approval of Temporary Abandonment Expires 5/7/09

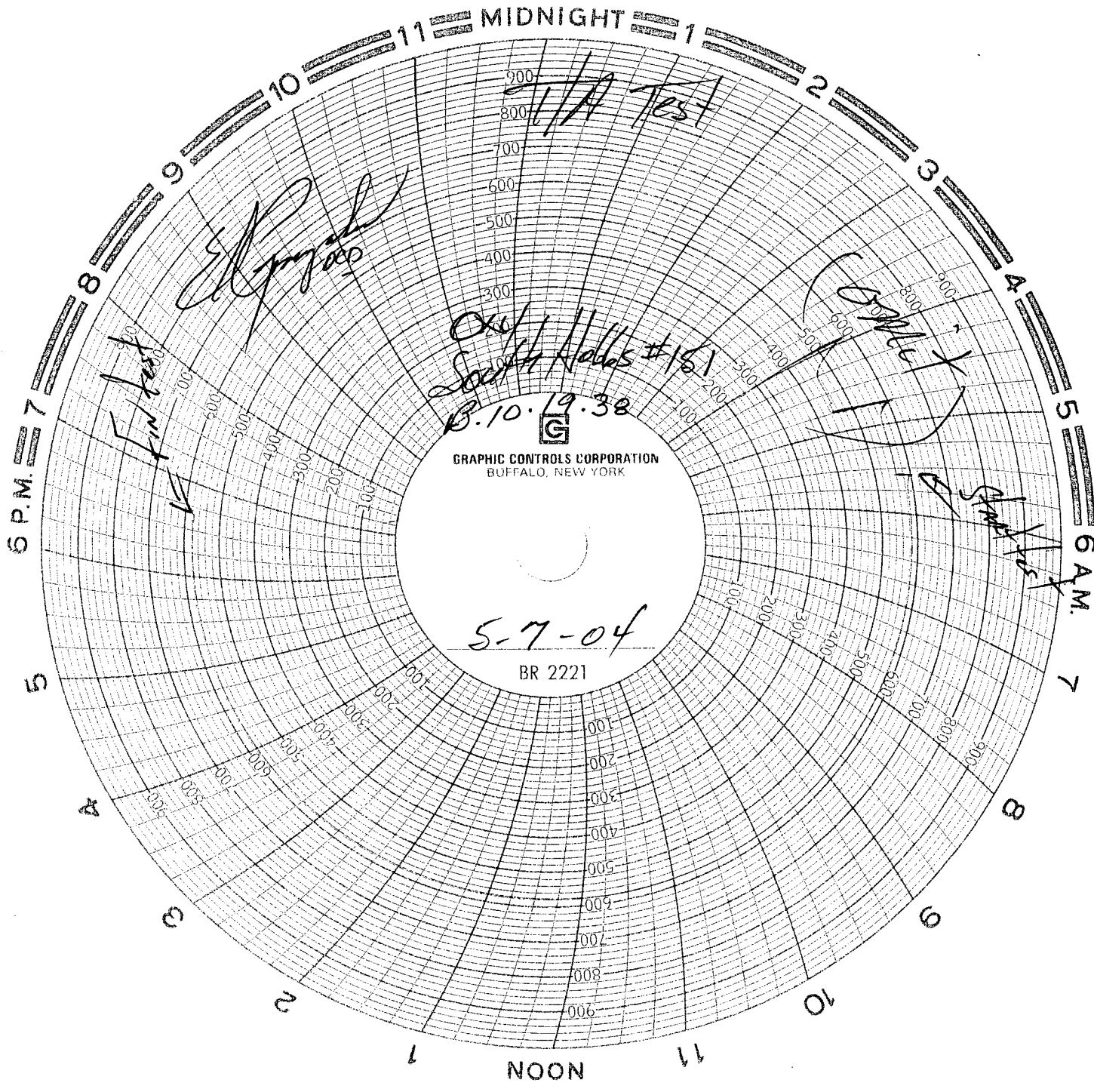


I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Steve W Jones TITLE ENGINEERING TECH DATE 06/02/04
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228
NO.

(This space for State Use)

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 09 2004
CONDITIONS OF APPROVAL (IF ANY):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

5-7-04
BR 2221

South Address #151
B.10.19.38



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Fin test

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