

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.  
30-025-23765

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  Temporarily Abandoned

2. Name of Operator  
OCCIDENTAL PERMIAN LTD.

8. Well No. 341

3. Address of Operator  
1017 W. STANOLIND RD.

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

4. Well Location  
Unit Letter O : 580 Feet From The SOUTH Line and 2310 Feet From The EAST Line  
Section 18 Township 18-S RANGE 38-E NMPM 151677 LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3660' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: 05/11/05

PRESSURE READING: INITIAL - 590 PSI; 15 MIN - 580 PSI; 30 MIN - 570 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

This Approval of Temporary Abandonment Expires 5/11/10

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 05/25/05

TYPE OR PRINT NAME STEVE W JONES TELEPHONE NO. 505/397-8228

APPROVED BY Hayley W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL IF ANY:

MAY 30 2005

Occidental  
North Hobbs GSA UT #34  
0.18.18.38

~~PTA Status  
Test~~  
*[Signature]*

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

5-11-05  
BR 2221

*[Signature]*

