

DISTRICT 1

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISIO.

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-29098
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR
2. Name of Operator OCCIDENTAL PERMIAM, LTD.
3. Address of Operator 1017 W STANOLIND RD.

7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT SECTION 24
8. Well No. 442
9. Pool name or Wildcat HOBBS (G/SA)

4. Well Location Unit Letter <u>P</u> <u>1260</u> Feet From The <u>SOUTH</u> Line and <u>200</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>1EA</u> County

10. Elevation (Show whether DF, RKB, RT GR, etc.) 3664' GL.
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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 1103.

DRILL OUT CIBP @4253'
PERFORATE FROM 4252' TO 4292' 2 JSPE WITH 90 DEGREE PHASE
ACID TREAT WITH 2000 G 15% HCL ACID
SET GUBERSON UNI VI PKR @3917'
CIRC CASING WITH INHIBITED FLUID
TEST CASING TO 580 PSI FOR 30 MIN AND CHART FOR THE NMCD.
WELL RETURNED TO INJECTION.

RIG UP DATE: 05/30/00
RIG DOWN DATE: 06/05/00

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

SIGNATURE Robert N. Gilbert TITLE DOWNHOLE SPECIALIST DATE 07/03/2000
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

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



