

DISTRICT I

1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-07480	
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name NORTH HOBBS (G-SA) UNIT	
8. Well No.	241
9. Pool name or Wildcat HOBBS (G-SA)	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3669' DF	

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 Gas Well Other Temporarily Abandoned

2. Name of Operator: OCCIDENTAL PERMIAN LTD.

3. Address of Operator: 1017 W. STANOLIND RD.

4. Well Location
Unit Letter N : 440 Feet From The SOUTH Line and 2310 Feet From The WEST Line
Section 30 Township 18-S RANGE 38-E NMPM LEA County

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: 12/13/02

PRESSURE READING: INITIAL - 560 PSI; 15 MIN - 540 PSI; 30 MIN - 540 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: NO

12/20/07

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: 12/19/02
 TYPE OR PRINT NAME: STEVE W JONES TELEPHONE NO.: 505/397-8228

(This space for State Use)

APPROVED BY: _____ TITLE: _____ DATE: _____
 CONDITIONS OF APPROVAL IF ANY: _____

DEC 20 2007
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