

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-07568
Indicate Type of Lease STATE _____ FEE <input checked="" type="checkbox"/>
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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL _____ OTHER Ta'd _____	Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
Name of Operator Occidental Permian, Ltd	Well No. 431
Address of Operator 1017 W. Stanolind Rd. Hobbs, New Mexico 88240	Pool name or Wildcat Hobbs; Grayburg-San Andres
Well Location Unit Letter I : 1640 Feet From The South Line and 1190 Feet From The East Line Section 34 Township 18-S Range 38-E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3624' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

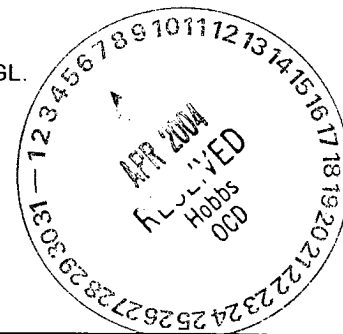
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

03/06/2004 Tagged existing CIBP @ 4010'. Circulate well w/ plugging mud. Spot 25 sks of c cement on top of CIBP 4010'-3856'
Spot 25 sks of cement @ 2810'-2656'
Spot 25 sks of cement @ 2010'-1856'
03/07/2004 Perf. @ 407' Circulate 210 sks of cement around to surface

Cut off well head & anchors 4' BGL. Cap well w/ steel plate. Weld legals to plate and attach to wellhead 4' BGL.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



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

SIGNATURE Robert Gilbert TITLE WO Compl Specialist DATE 4-5-04
TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 397-8206

(This space for State Use)

APPROVED BY

Larry W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

APR 07 2004

CONDITIONS OF APPROVAL, IF ANY: