

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-27001
5. Indicate Type of Lease	FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
	Section 30
8. Well No.	442
9. Pool name or Wildcat	HOBBS (G/SA)

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 <input type="checkbox"/> Injector
2. Name of Operator	Occidental Oxy Permian LTD.
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200
4. Well Location	Unit Letter <u>P</u> : <u>1300</u> Feet From The <u>SOUTH</u> Line and <u>1050</u> Feet From The <u>EAST</u> Line Section <u>30</u> Township <u>18S</u> Range <u>38E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3643 GL	

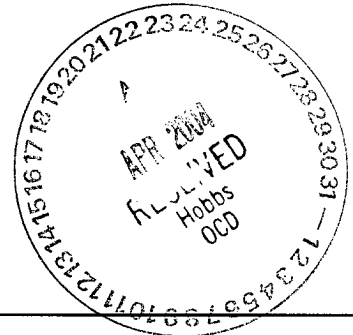
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <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.

RUPU. POH w/injection equipment.
Stimulate perfs 4130-35 w/500 g 15% NEFE HCL acid.
RIH w/4.5" Guiberson UNI VI pc pkr,XL on/off tool w/1.875 ss "F" nipple, 128 jts 2-7/8" Duoline tbq.
Set pkr @4062'.
Circ csg w/pkr fluid.
Test csg to 580 psi for 30 min and chart for the NMOCD.
RDPU. Clean Location.

Rig Up Date: 04/12/2004
Rig Down Date: 04/16/2004

This Approval of Temporary
Abandonment Expires



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

SIGNATURE Robert Gilbert TITLE Workover Comp Specialist DATE 04/20/2004
TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 505/397-8206

(This space for State Use)
APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 27 2004
CONDITIONS OF APPROVAL IF ANY:

