

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.	30-025-07599
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT	
8. Well No.	34
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 checked="" type="checkbox"/> INJECTOR
2. Name of Operator	OCCIDENTAL PERMIAN LIMITED PARTNERSHIP
3. Address of Operator	1017 W STANOLIND RD.

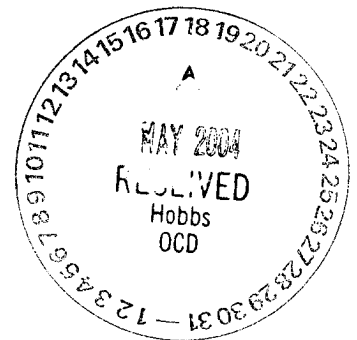
4. Well Location	Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3617' GL

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"/>	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"/>
OTHER: <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.

Rig up Pulling Unit. Pull injection equipment.
Sqz possible csg leak from 4030-50'.
Drill out and tst szq to 1000 psi.
RIH w/injection equipment.
Set 5.5" Baker Lok-set pkr @3902'. 124 jts 2-3/3" IPC tbq.
Test csg to 600# for 30 min and chart for the NMOCD.
Circ csg with 80 bbl pkr fluid.
Rig Down and Clean Location. Well returned to injection. 05/15/2004

Rig Up Date: 05/07/2004
Rig Down Date: 05/14/2004



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

SIGNATURE <u>Robert Gilbert</u>	TITLE <u>Workover Compl Specialist</u>	DATE <u>05/18/2004</u>
TYPE OR PRINT NAME <u>Robert Gilbert</u>	PHONE NO. <u>505-397-8206</u>	

(This space for State Use)

APPROVED BY <u>Larry W. Wink</u>	TITLE <u>OC FIELD REPRESENTATIVE II/STATE MANAGER</u>	DATE <u>MAY 24 2004</u>
CONDITIONS OF APPROVAL IF ANY:		

