State of New Mexico Energy, Minerals and Natural Resources Department

<u>DISTRICT I</u>	OIL CONSERVA	ATION DIVISION				
1625 N. FRENCH DRIVE, HOBBS, NM 88240	625 N. FRENCH DRIVE, HOBBS, NM 88240 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503			WELL API NO. 30-025-05497		
			5. Indicate Ty	5. Indicate Type of Lease		
			FED		X	
			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.)				7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT		
(FORM C-101	FOR SUCH PROPOSALS.)		 	,		
	Gas Well Other T	emporarily Abandoned				
2. Name of Operator OCCIDENTAL PERMIAN LTD.				8. Well No. 341		
3. Address of Operator 1017 W. STANOLIND RD.				9. Pool name or Wildcat HOBBS (G/SA)		
4. Well Location						
Unit Letter O : 660 Fe	eet From The SOUTH	Line and	Feet From The	EAST	Line	
Section 25	Township 18-S		7-E NM	РМ	LEA County	
	D. Elevation (Show whether DF, 667' DF	RKB, RT GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION	ON TO:	SU	JBSEQUENT R	EPORT OF:		
· · · · · · · · · · · · · · · · · · ·	JG AND ANDON	REMEDIAL WORK		ALTERING C	ASING	
TEMPORARILY ABANDON CHA	ANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG & AB	ANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEM	MENT JOB			
OTHER:		OTHER: Casing Integ	rity Test – TA sta	tus	X	
12. Describe Proposed or Completed Operations (work) SEE RULE 1103.	Clearly state all pertinent detai	ils, and give pertinent dates, i	ncluding estimated	date of starting a	ny proposed	
TEST DATE: 05/10/04						
PRESSURE READING: INITIAL - 570	PSI; 15 MIN – 560 PSI; 30	MIN – 540 PSI		015181		
LENGTH OF PRESSURE READING: 30	0 MIN		/	121314	1.0	
TEST WITNESSED: YES					43	
					233 230 230	
		/ /	/12) /12)	ر ا		
This A	Approval of Tempordonment Expires _	rary 5/10/09		2	-36 C (S)	
				18086		
I hereby certify that the information above is true	and complete to the best of my	knowledge and belief.				
SIGNATURE There W	gres	TITLE ENGINEER	ING TECH	DATE	06/02/04	
TYPE OR PRINT NAME STEVE W JONE	8´		TE NO	LEPHONE).	505/397-8228	
(This space for State Use)	, ,					

APPROVED BY Hay W. Wink

TITLE OC FIELD REPRESENTATIVE MYSTAFF MANAGER

TILE OC PREID REINESENTATION