

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.
30-025-07498

5. Indicate Type of Lease

FED ☐ STATE ☐ FEE ☒

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

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other Temporarily Abandoned

2. Name of Operator OCCIDENTAL PERMIAN LTD.

8. Well No. 441

3. Address of Operator 1017 W. STANOLIND RD.

9. Pool name or Wildcat
HOBBS (G/SA)

4. Well Location

Unit Letter P : 330 Feet From The SOUTH Line and 330 Feet From The EAST Line

Section 31 Township 18-S RANGE 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3635' DF

11. 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 & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Casing Integrity Test - TA status ☒

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: 05/10/04

PRESSURE READING: INITIAL - 580 PSI; 15 MIN - 575 PSI; 30 MIN - 560 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

This Approval of Temporary
Abandonment Expires 5/10/09



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 05/28/04
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228
NO.

(This space for State Use)

APPROVED BY Harry W. Wink OFFICE REPRESENTATIVE II/STAFF MANAGER 09 2004
CONDITIONS OF APPROVAL IF ANY:

