- DATE JUN 0 9 2004

State of New Mexico Energy, Minerals and Natural Resources Department

<u>DISTRICT I</u> 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. 30-025-23765	
	Builtu I o, 140	W WICKIEG 07505	5. Indicate Type of Lease	
				X
			6. State Oil & Gas Lease No.	
SUNDRY NOTICES	AND REPORTS ON W	ELLS		
(DO NOT USE THIS FORM FOR PROPOSAI DIFFERENT RESERVOIR. (FORM C-101 F	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT			
1. Type of Well: Oil Well	as Well Other T	amnararily Ahandanad		
2. Name of Operator OCCIDENTAL P		emporarily Abandoned	8. Well No. 341	
3. Address of Operator 1017 W. STANO	LIND RD.		9. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location				
Unit Letter O : 580 Fee	t From The SOUTH	Line and 2310	Feet From The EAST Line	
Section 18	Township 18-S	RANGE	38-E NMPM LEA Cour	nty
	Elevation (Show whether DF, 60' GL	RKB, RT GR, etc.)		
	opriate Box to Indicate	Nature of Notice, Rep	ort, or Other Data	
NOTICE OF INTENTIO	N TO:		SUBSEQUENT REPORT OF:	
	G AND NDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHA	NGE PLANS	COMMENCE DRILLI	NG OPNS. PLUG & ABANDONMEN	т 🗀
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER: Casing In	egrity Test - TA status	X
12. Describe Proposed or Completed Operations (Cowork) SEE RULE 1103.	learly state all pertinent detai	ls, and give pertinent date	s, including estimated date of starting any proposed	
TEST DATE: 05/10/04				
DDECCLIDE DEADING DUTLAL 570 I	DOL 15 MINE 550 DOL 20	MDI 540 DOI		
PRESSURE READING: INITIAL - 570 F	PSI; 15 MIN – 550 PSI; 30	MIN – 340 FSI	43141516	
	MIN		/A	3
TEST WITNESSED: YES			12.13.14.15.16. Salva Sa	723
				<i>1</i> 2√2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
	This Approval of T	emporary -	/ / 2 19	3/
	Abandonment Exp		10/09 Can 28616	/
	·	7 .	1505620	
I hereby certify that the information above is true a	nd complete to the best of my	knowledge and belief.		
SIGNATURE Steve W	Some		ERING TECH DATE 05/28/04	
TYPE OR PRINT NAME STEVE W JONES	/		TELEPHONE 505/397-82	228
			310	
(This space for State Use)	11	C FIFLD REPRESEN	TATIVE II/STAFF MANAGER DATE II/H A A	
APPROVED BY	TITLE TITLE	70 11222	DATE JUN () 9 2001	

CONDITIONS OF APPROVAL IF ATY: