## State of New Mexico Energy, Minerals and Natural Resources Department

<u>DISTRICT I</u>	OIL CONSERVATION DIVISION	ON
1625 N. French Drive, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503	WELL API NO. 30-025-28878
	•	5. Indicate Type of Lease
		FED STATE FEE 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		<u> </u>
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101 FOR SUCH PROPOSALS.)		NORTH HOBBS (G/SA) UNIT
1. Type of Well:		SECTION 13
Oil Well O	Gas Well Other Injector	
2. Name of Operator OCCIDENTAL I	PERMIAM, LTD.	8. Well No. 442
3. Address of Operator 1017 W STANO	LIND RD.	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location		
Unit Letter P : 1200 Fee	et From The SOUTH Line and 220	Feet From The EAST Line
Section 13	Township 18-S Range	37-E LEA County
	Elevation (Show whether DF, RKB, RT GR, etc.) 64' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF		
NOTICE OF INTENTION		SUBSEQUENT REPORT OF:
I	G AND REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHA	ANGE PLANS COMMENCE DRILL	ING OPNS. PLUG & ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND	CEMENT JOB
OTHER:	OTHER: Return v	well to injection
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. Drill out CIBP @4075'. Clean out to PBTD @4236'.		
Stimulate the following intervals; 4146-4293, w/2400 g 15% NEFE HCL acid.		
RIH w/5.5" Guiberson UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple, 133 jts 2-7/8" Duoline tbg		
Set pkr @4109'. Circ csg w/110 bbl pkr fluid.		
Load and tst csg to 580 psi for 30 min and ch	art for the NMOCD.	
RDPU. Clean Location.		
Dia IIa Data. 00/04/2004		
Rig Up Date: 08/04/2004 Rig Down Date: 08/06/2004		
I nereby certify that the information above is true a	and complete to the best of my knowledge and belief.	
SIGNATURE Kolert Fill	TITLE Workov	er Compl Specialist DATE 08/09/2004
TYPE OR PRINT NAME Robert Gilbert		PHONE NO. 505/397-8206
(This space for State Use)	1.1	TOVE WISTAFF MANAGE
APPROVED BY HOUSE TITLE FIELD REPRESENTATIVE 11/STAFF MANAGED DATE AUG 1 2 2004		
CONDITIONS OF APPROVAL IN NY:		

