State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I

OIL CONSERVATION DIVISION

1625 N. FRENCH DRIVE, HOBBS, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503	WELL API NO. 30-025-05472
	2 4, 2 4, 2 4, 2 4, 2 4, 2 4, 2 4, 2 4,	5. Indicate Type of Lease
		FED STATE X 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"		7. Lease Name or Unit Agreement Name
(FORM C-101 FOR SU		NORTH HOBBS (G/SA) UNIT
1. Type of Well: Oil Well Gas Wel	Other Temporarily Abandoned	
2. Name of Operator OCCIDENTAL PERML		8. Well No. 241
3. Address of Operator 1017 W. STANOLIND	RD.	9. Pool name or Wildcat
		HOBBS (G/SA)
4. Well Location		
Unit Letter N : 990 Feet From	The SOUTH Line and 2310 Fee	et From The WEST Line
	wnship 18-S RANGE 37-I	E NMPM LEA County
10. Elevat 3674' GI	ion (Show whether DF, RKB, RT GR, etc.)	
11. Check Appropria	te Box to Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO	D: SUB	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	1 1 1	ALTERING CASING
TEMPORARILY ABANDON CHANGE P	PLANS COMMENCE DRILLING OF	PNS. PLUG & ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEME	NT JOB
OTHER:	OTHER: Casing Integrit	y Test – TA status
12. Describe Proposed or Completed Operations (<i>Clearly work</i>) SEE RULE 1103.	state all pertinent details, and give pertinent dates, inci	luding estimated date of starting any proposed
TEST DATE: 03/02/05		
PRESSURE READING: INITIAL - 560 PSI; 15	5 MIN – 560 PSI; 30 MIN – 540 PSI	
LENGTH OF PRESSURE READING: 30 MIN		,
TEST WITNESSED: YES		al of Temporary
	Abandonme	ent Expires
I hereby certify that the information above is true and com-	uplete to the best of my knowledge and belief.	
SIGNATURE Steve W	TITLE ENGINEERIN	G TECH DATE 03/07/05
TYPE OR PRINT NAME STEVE W JONES		TELEPHONE 505/397-8228 NO.
(This space for State Use)		
APPROVED BY LOUIS OUTTELD REPRESENTATIVE II/STAFF MAN DATE MAR 0 7 2005		
CONDITIONS OF APPROVAL IF ANY:		~ . 4007

