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

Form C-103 Revised 1-1-89

**DISTRICT I** 

## **OIL CONSERVATION DIVISION**

1625 N. FRENCH DRIVE, HOBBS, NM 88240

WELL APLNO

| Santa Fe, New Mexico 87503  |                               | 30-025-05447  |                        |  |
|---|-------------------------------|---|------------------------|--|
|   |                               | 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" |                               | 7. Lease Name or Unit Agreement Name<br>NORTH HOBBS (G/SA) UNIT |                        |  |
| (FORM C-101 FOR SUCH PROPOSALS.)  |                               | 1.01.1111102223 (0.011) 01.                                     | •••                    |  |
| 1. Type of Well: Oil Well Gas Well Other Temporaril   | y Abandoned                   |   |                        |  |
| Name of Operator OCCIDENTAL PERMIAN LTD.  |                               | 8. Welling 331 5  |                        |  |
| 3. Address of Operator 1017 W. STANOLIND RD.  |                               | /9 Pool name or Wildcat   |                        |  |
|   | /                             | HOBBS (G/SA)  |                        |  |
| 4. Well Location  |                               |   | ·<br><del></del>       |  |
|   | _ \                           |   |                        |  |
| Unit Letter J: 1980 Feet From The SOUTH Line and  | 1980 Feet                     | From The <u>EAST</u> I  | Line                   |  |
| Section 13 Township 18-S  | RANGE 37-E                    | NMPM  | LEA County             |  |
| 10. Elevation (Show whether DF, RKB, RT GF 3667° GL   | R, etc.)                      |   |                        |  |
| 11. Check Appropriate Box to Indicate Nature of   |                               |   |                        |  |
| NOTICE OF INTENTION TO:   | SUBS                          | EQUENT REPORT OF:   |                        |  |
|   | IAL WORK                      | ALTERING CA   | ASING                  |  |
|   | ENCE DRILLING OPN             | IS. PLUG & ABA  | NDONMENT               |  |
|   | TEST AND CEMENT               | Г ЈОВ   |                        |  |
| OTHER: OTHER:   | - Cueling mitogrity           |   | X                      |  |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pework) SEE RULE 1103.           | ertinent dates, includin      | g estimated date of starting any pr                             | coposed .              |  |
| TEST DATE: 05/11/05   |                               |   |                        |  |
|   |                               |   |                        |  |
| PRESSURE READING: INITIAL - 560 PSI; 15 MIN - 560 PSI; 30 MIN - 560   | ) PSI                         |   |                        |  |
| LENGTH OF PRESSURE READING: 30 MIN  |                               |   |                        |  |
| TEST WITNESSED: YES   |                               |   |                        |  |
|   |                               |   |                        |  |
| This Appro  | oval of Tempo<br>nent Expires | APRIL -   |                        |  |
| Abandonn  | nent Expires_                 | 1ary 5/11/18  |                        |  |
|   |                               |   |                        |  |
|   |                               |   |                        |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and                              | belief.                       |   |                        |  |
| SIGNATURE Stave W Dres TITLE  | ENGINEERING                   | TEGI DATE   | 05/17/05               |  |
|   |                               | TECH DATE   | 05/17/05               |  |
| TYPE OR PRINT NAME STEVE W JONES  | ENGINEERING                   | TELEPHONE NO  | 505/307 0000           |  |
| (This space for State Use)  | ENGINEERING                   |   | 505/397-8228<br>1 2005 |  |
| (This space for State Use)  |                               | MAY 3   |                        |  |
| (This space for State Use)  | SENTATIVE II/STA              | MAY 3   |                        |  |

