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

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION 1625 N. FRENCH DRIVE, HOBBS, NM 88240 WELL API NO. 310 Old Santa Fe Trail. Room 206 30-025-05454 Santa Fe, New Mexico 87503 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" NORTH HOBBS (G/SA) UNIT (FORM C-101 FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned 2. Name of Operator OCCIDENTAL PERMIAN LTD. 8. Well No. 431 3. Address of Operator 1017 W. STANOLIND RD. 9. Pool name or Wildcat HOBBS (G/SA) 4. Well Location 1650 Feet From The SOUTH Line and 330 Feet From The **EAST** Section 14 Township 18-S RANGE **NMPM** 37-E **LEA** County 10. Elevation (Show whether DF, RKB, RT GR, etc.) 3676' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: 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: 05/11/05 PRESSURE READING: INITIAL - 540 PSI; 15 MIN - 530 PSI; 30 MIN - 530 PSI LENGTH OF PRESSURE READING: 30 MIN TEST WITNESSED: YES This Approval of Temporary Abandonment Expires

hereby certify that the information above is true and complete to the best of my knowle	edge and he	lief		
IGNATURE Steve W Jones	TITLE	ENGINEERING TECH	DATE	05/24/05
YPE OR PRINT NAME STEVE W JONES			TELEPHONE NO.	505/397-8228
PPROVED BY Hay (1) (U) TITLE	ELD REI	RESÊNTATIVE II/STAFF		
ONDITIONS OF APPROVAL IF MY:	DATE			
<u></u>			MAY 3	O 2005

