

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
1301 W. Grand Ave., Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-34869
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FFL <input checked="" type="checkbox"/>
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" (Form C-101) for such proposals.)		7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT Section 29
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	8. Well No. 623	
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	10. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location Unit Letter K : 1837 Feet From The SOUTH 2482 Feet From The WEST Line Section 29 Township 18-S Range 38-E NMPM LEA County		
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3645' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

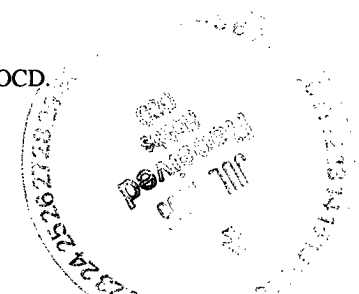
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	OTHER: _____ <input type="checkbox"/>
Multiple Completion <input type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- RUPU. Pull production equipment.
- Frac perms 3920-34 w/21000 g 3% KCL wtr/surfactant/clay stabilizer.
- RIH w/UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple. 120 jts 2-7/8" tbg. Pkr set @3822'.
- Tst csg to 1000 psi. Held OK. Load csg w/90 bbl pkr fluid. Tst csg to 510 psi for 30 min and chart for the NMOCD.
- RDPU. Clean Location.

Rig Up Date: 06/27/2005
Rig Down Date: 06/30/2005



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan

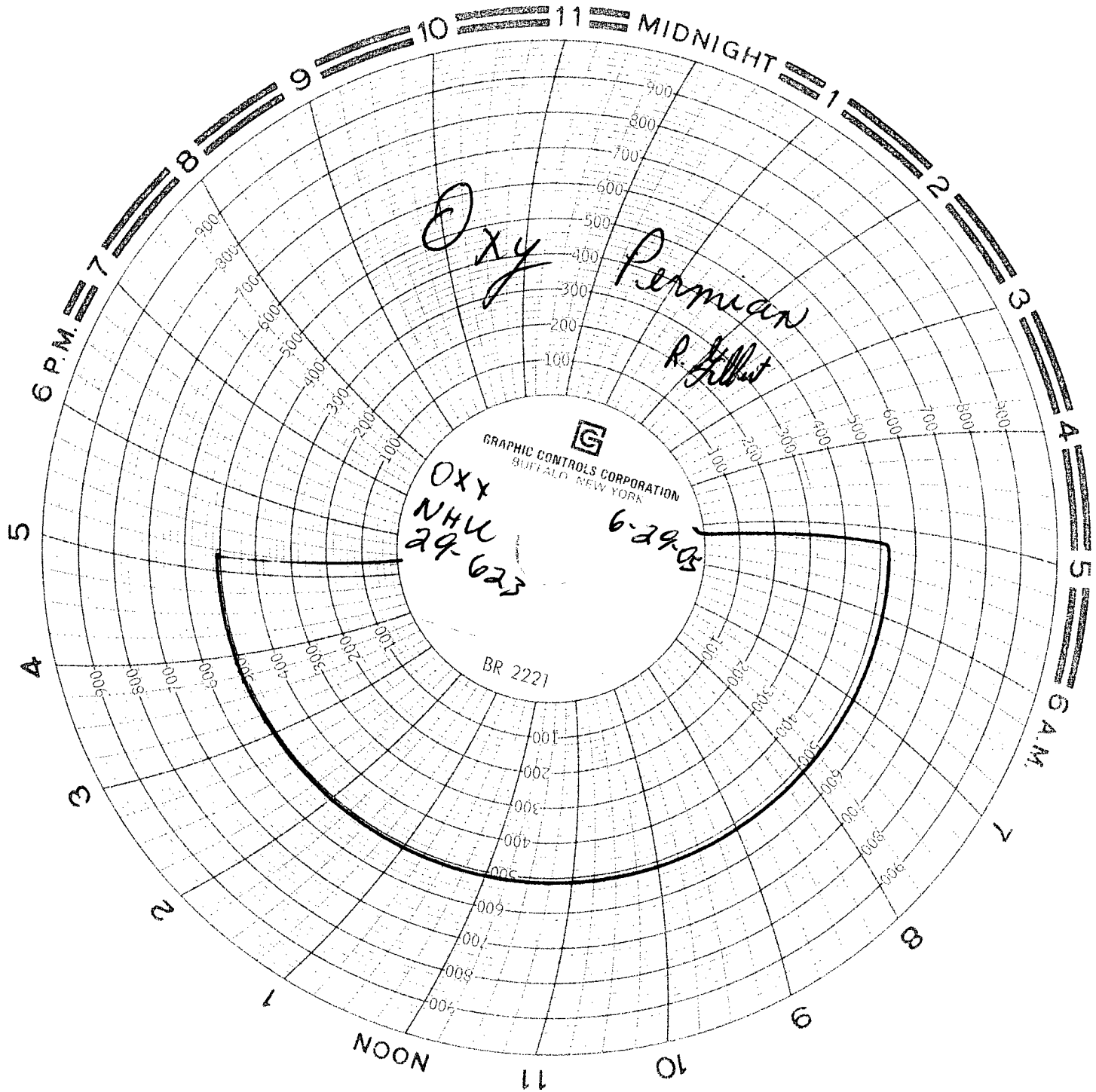
SIGNATURE Robert Gilbert TITLE Workover Completion Specialist DATE 07/02/2005

TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER

CONDITIONS OF APPROVAL IF ANY:



Oxy Permian
R. Gilbert

OXY
NHU
29-623

6-29-63

BR 2221

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BUFFALO, NEW YORK