State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I

OIL CONSERVATION DIVISION

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. 30-025-07359
Sultu 1 0, Now Montes 07303	5. Indicate Type of Lease
	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" (FORM C-101 FOR SUCH PROPOSALS.)	NORTH HOBBS (G/SA) UNIT
1. Type of Well:	
Oil Well Gas Well Other Temporarily Abandoned	
2. Name of Operator	8. Well No. 211
3. Address of Operator 1017 W. STANOLIND RD.	9. Pool name or Wildcat
·	HOBBS (G/SA)
4. Well Location	
Unit Letter C: 1309 Feet From The NORTH Line and 2310 Feet	t From The WEST Line
Section 19 Township 18-S RANGE 38-E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3651' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or	or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMEN	
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: 09/06/05	
PRESSURE READING: INITIAL - 550 PSI; 15 MIN – 545 PSI; 30 MIN – 545 PSI	
LENGTH OF PRESSURE READING: 30 MIN	y tarifen
	the state of the s
TEST WITNESSED: YES	
This Approval of Temporary 9/6/10	
Abandonment Expires	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE SIGNATURE TITLE ENGINEERING	G TECH DATE 09/19/05
TYPE OR PRINT NAME STEVE W JONES	TELEPHONE 505/397-8228
	NO.
(This space for State Use) OC FIELD REPRESENTATIVE II/STAFF MANAGER	
APPROVED BY LAND, TITLE	DATE
CONDITIONS OF APPROVAL IF ANY:	

