SFP 2 1 2005

DATE

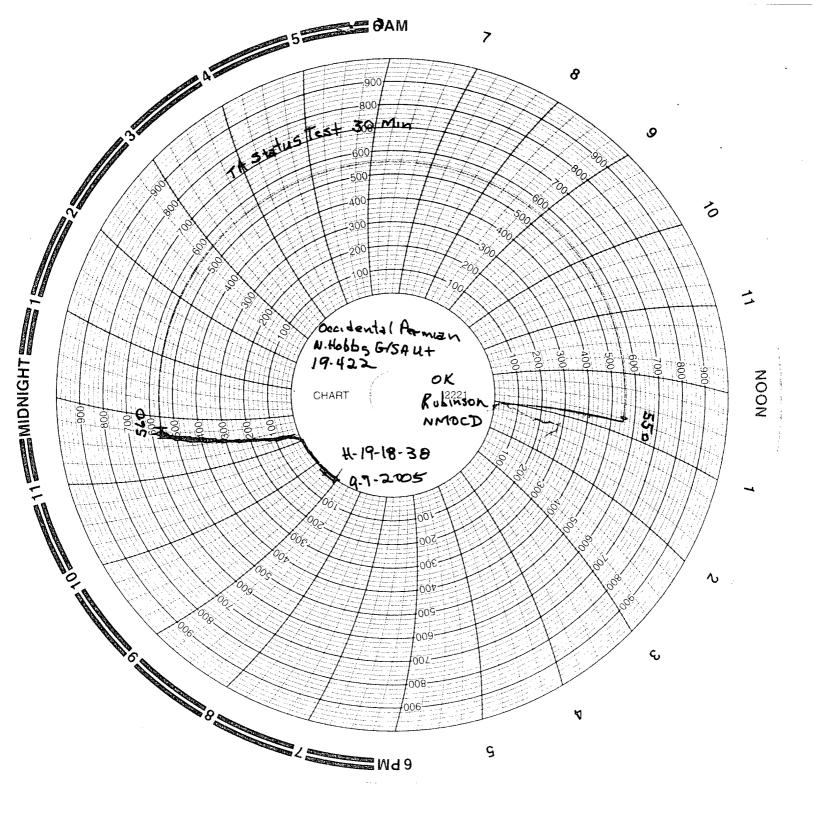
State of New Mexico Energy, Minerals and Natural Resources Department

<u>DISTRICT I</u>	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. 30-025-29196	
	Salita 10, 110W Monios 07303	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	
(FORM C-101 FOR SUCH PROPOSALS.)		NORTH HOBBS (G/SA) UNIT	
1. Type of Well:	W	1	
Oil Well Ga 2. Name of Operator OCCIDENTAL P	S Well Other Temporarily abandoned ERMIAN LTD.	8. Well No. 422	
3. Address of Operator 1017 W. STANOLIND RD.		9. Pool name or Wildcat	
3. Address of Operator 1017 W. STANOI	LIND KD.	HOBBS (G/SA)	
4. Well Location			
Unit Letter H: 2495 Feet From The NORTH Line and 119 Feet From The EAST Line			
Section 19	Township 18-S RANGE 38-I Elevation (Show whether DF, RKB, RT GR, etc.)	E NMPM LEA County	
3653' 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 REMEDIAL WORK ALTERING CASING			
, i i	NDON KENEDIAL WORK	ALTERINO CASINO	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT			
PULL OR ALTER CASING	CASING TEST AND CEME	CASING TEST AND CEMENT JOB	
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: 09/07/05			
PRESSURE READING: INITIAL - 560 PSI; 15 MIN - 550 PSI; 30 MIN - 550 PSI			
LENGTH OF PRESSURE READING: 30 MIN			
TEST WITNESSED: YES			
Abandonment Expires			
Adandonment Expires			
	**		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Steve (V)	Dream TITLE ENGINEERIN	G TECH DATE 09/19/05	
TYPE OR PRINT NAME STEVE W JONES		TELEPHONE 505/397-8228	

BUY W. WIND, DE FIGHTREPRESENTATIVE INSTAFF MANAGES

(This space for State Use)

CONDITIONS OF APPROVAL HANY:



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