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

DISTRICT I

## OIL CONSERVATION DIVISION

1625 N. FRENCH DRIVE, HOBBS, NM 88240	310 Old Santa Fe Trail, Room 2 Santa Fe, New Mexico 87503	1 20 025 07292		
	Santa Pe, New Mexico 67363	5. Indicate Ty	pe of Lease	
		FED	STATE FEE X	
		6. State Oil &	Gas Lease No.	
SUNDRY NOTICES AND I				
(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 NORTH HOBBS (G/SA) UNIT	
(FORM C-101 FOR SUC			DDS (O/SA) ONTI	
1. Type of Well: Oil Well Gas Well	Other Temporarily aband	oned		
Name of Operator OCCIDENTAL PERMIAN LTD.		8. Well No.	231	
3. Address of Operator 1017 W. STANOLIND RD.		9. Pool name		
		HOBBS (G/S	SA)	
4. Well Location		<u> </u>		
Unit Letter K : 2310 Feet From	The SOUTH Line and 1320	Feet From The	WEST Line	
	nship 18-S RANG	GE 38-E NM	PM LEA County	
10. Elevatio 3645' GL	on (Show whether DF, RKB, RT GR, etc.)			
	Box to Indicate Nature of Notice	_		
NOTICE OF INTENTION TO	:	SUBSEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WO	RK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PI	ANS COMMENCE D	RILLING OPNS.	PLUG & ABANDONMENT	
LL OR ALTER CASING CASING TEST AND CEMENT JOB				
OTHER:	OTHER: Casi	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: 10/07/05			_	
<b>3192</b> 02122233				
PRESSURE READING: INITIAL - 555 PSI; 15 MIN - 550 PSI; 30 MIN - 550 PSI				
LENGTH OF PRESSURE READING: 30 MIN  TEST WITNESSED: NO				
TEST WITNESSED: NO				
		(2)		
	of Temporary $10/7$	1,0		
This Approval	of Temporary 10/7 Expires	110	@<90+85\	
Abandonmen	EXPILES			
I hereby certify that the information above is true and comp	elete to the best of my knowledge and belie	ef.		
SIGNATURE Steve W Dr	TITLE ENG	GINEERING TECH	DATE 10/11/05	
TYPE OR PRINT NAME STEVE W JONES	4	TE NO	LEPHONE 505/397-8228 ).	
(This space for State Use)  OC FIELD REPRESENTATIVE II/STAFF MANAGER				
APPROVED BY A COMPUTE TITLE DATE OF 1 3 2005				
CONDITIONS OF APPROVAL IF ANY:				

