Submit 3 Copies
to Appropriate
District Office

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DISTRICT P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO	N DIVISION	WELL API NO.		
2040 Pacheco St. Santa Fe, NM 87505			30-025-21341		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			sIndicate Type of Lea		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			₀State Oil & Gas Leas		
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.)			₁Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit		
IType of Well: OIL GAS WELL WELL OTHER TA'd					
₂Name of Operator Occidental Permian LTD			₀Well No. 89		
₃Address of Operator 1017 W. Stanolind Rd. Hobbs, new, Mexico			₅Pool name or Wildcat Hobbs(G/SA)		
₄Well Location Unit Letter:2310Feet From TheSouthLine and940Feet From TheEastLine					
10 Section 19-S	Township 38-E F	Range	NMPM	Lea County	
¹⁰ Elevation (Show whether DF, RKB, RT, GR, etc.)					
¹¹ Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF IN	NTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER:		·	
 ¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 6-4-03 Tag Existing CIBP 4035'. Pump MLB. Spot 25 sx Class C 4035'-3788'. POH. 6-5-03 Perforate 4 SPF 2680'. Not able to pump into perfs 1000 PSI. Spot 25 sx Class C 2730'-2483'. WOC Tag plug 2510'. Perf 4 SPF 1600' 6-6-03 Not able to pump into perfs 1000 PSI. Spot 25 sx Class C 1655'-1408'. WOC Tag plug 1430'. Perf 4 SPF 322'. Break circulation to surface. 6-9-03 Pump 125 sx Class C. No Cement to surface. WOC Tag plug 75'. Fillup 5-1/2" casing to surface W/ 15 sx Class C. Cut off 3' below ground level Cap & Install Dry Hole Marker. 					
	•	ration is completed.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Kaberel 4	КиЛтп	TLE <u>Sh Engr</u>	Tech	DATE 7-10-03	
TYPE OR PRINT NAME ROSERT	Gilbert			TELEPHONE NO. 397-8206	
(This space for State Use) APPROVED BY HOUSE CONDITIONS OF APPROVAL, IF ANY:	J. Winle ocr	IELD REPRESENTATI	ve il/staff mai	AUG 0 7 2003	