

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO. 30-025-28886
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
8. Well No. 242
9. Pool name or Wildcat HOBBS (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned	
2. Name of Operator OCCIDENTAL PERMIAN LTD.	
3. Address of Operator 1017 W. STANOLIND RD.	
4. Well Location Unit Letter <u>N</u> : <u>200</u> Feet From The <u>SOUTH</u> Line and <u>1400</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>18-S</u> RANGE <u>38-E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3650' GL	

11. 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 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"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Casing Integrity Test - TA status</u> <input checked="" type="checkbox"/>

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: 10/01/03

PRESSURE READING: INITIAL - 540 PSI; 15 MIN - 540 PSI; 30 MIN - 540 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

This Approval of Temporary  
Abandonment Expires 10/16/08

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Steve W Jones TITLE ENGINEERING TECH DATE 10/09/03  
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228

(This space for State Use)

APPROVED BY Larry W. Wink TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 16 2003  
CONDITIONS OF APPROVAL IF ANY:

