State of New Mexico Energy, Minerals and Natural Resources Department

<u>DISTRICT I</u>	OIL CONSERVA	ATION DIVISI	ON			
1625 N. FRENCH DRIVE, HOBBS, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503			WELL API NO. 30-025-30486		
			5. Indic	5. Indicate Type of Lease		
			FE		FEE X	
			6. State	e Oil & Gas Lease No.		
SUNDRY NOTICES	AND REPORTS ON WE	ELLS				
(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.)				7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT		
1. Type of Well:	W. II		1			
Oil Well Gas Well Other Temporarily Abandoned 2. Name of Operator OCCIDENTAL PERMIAN LTD.				No. 223		
3. Address of Operator 1017 W. STANOLIND RD.				9. Pool name or Wildcat HOBBS (G/SA)		
4. Well Location						
Unit Letter N : 1257 Fee	t From The SOUTH	Line and <u>1791</u>	Feet From Th	west_	_ Line	
Section 34	Township 18-S	RANGE	38-E	NMPM	LEA County	
	Elevation (Show whether DF, 13' GR	RKB, RT GR, etc.)				
11. Check Appr NOTICE OF INTENTIO	copriate Box to Indicate NON TO:	Jature of Notice, R	-	Data NT REPORT OF	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
	G AND NDON	REMEDIAL WORK		ALTERING	G CASING	
TEMPORARILY ABANDON CHA	NGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG & A	ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB			
OTHER:		OTHER: Casing	Integrity Test –	ΓA status	X	
12. Describe Proposed or Completed Operations (Cowork) SEE RULE 1103.	learly state all pertinent detail	s, and give pertinent d	ates, including esti	mated date of starting	g any proposed	
TEST DATE: 09/30/03						
PRESSURE READING: INITIAL - 535 I	PSI; 15 MIN – 515 PSI; 30 I	MIN – 510 PSI		1001.15	167	
LENGTH OF PRESSURE READING: 30	MIN			10 L	Per com	
TEST WITNESSED: YES					1 Spire 3	
Th.	is demonstrate	. *		Marie K	- Hopps	
1 n 4b	is Approval of Te andonment Expires	seperary ///	16/10	182	Orn	
	TAPIT EXPITE	,	14/00	-1651	- 100 E S	
					- IE GO	
I hereby certify that the information above is true a	nd complete to the best of my k	nowledge and belief.				
SIGNATURE Steve W	1 mes	TITLE ENGIN	EERING TECH	DAT	E 10/09/03	
TYPE OR PRINT NAME STEVE W JONES	(/			TELEPHONE AL NOANAGER	505/397-8228	
(This space for State Use)	1	DISTRICT SUPER	VISOR/GENER	COT	1 6 2003	
APPROVED BY Have (1) (1)	ink OC	District		DATE	T () 5993	

CONDITIONS OF APPROVAL IF ANY:

