State of New Mexico Energy, Minerals and Natural Resources Department

CONDITIONS OF APPROVAL IF ANY:

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. 30-025-28982
	5. Indicate Type of Lease
	FED STATE X FEE
	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" (FORM C-101 FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
1. Type of Well:	
Oil Well Gas Well Other Temporarily Abandoned	
2. Name of Operator OCCIDENTAL PERMIAN LTD.	8. Well No. 188
3. Address of Operator 1017 W. STANOLIND RD.	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location	
Unit Letter K : 1493 Feet From The SOUTH Line and 1802 Feet	t From The WEST Line
Section 5 Township 19-S RANGE 38-E	NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3629' KB	
11. Check Appropriate Box to Indicate Nature of Notice, Report, o NOTICE OF INTENTION TO: SUBS	or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND REMEDIAL WORK	ALTERING CASING
ABANDON	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMEN	IT JOB
OTHER: OTHER: Casing Integrity	Test – TA status X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	uding estimated date of starting any proposed
TEST DATE: 12/08/03	
PRESSURE READING: INITIAL - 530 PSI; 15 MIN - 525 PSI; 30 MIN - 525 PSI	DEC 2003 DEC 2003 Hobbs OCD Hobbs OCD DCD DCD
LENGTH OF PRESSURE READING: 30 MIN	678910111213
TEST WITNESSED: YES	A STATE OF THE STA
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	/F DEC 2003 3
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This Approval of Temporary 12/12/2008	Hobbs 5
Abandonment Expires	Hobbs OCD OCD
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	6252 AS ES OF 1
SIGNATURE Steve W Ones TITLE ENGINEERING	
TYPE OR PRINT NAME STEVE W JONES	TELEPHONE 505/397-8228 NO.
(This space for State Use)	
OC DISTRICT SUPERVISOR/GE	NERAL MANAGEN
APPROVED BY MUS Williams TITLE 13 MICH STATE OF THE STATE	DATE DEC 1 2 2003

