DATE 02/07/2004

State of New Mexico Energy, Minerals and Natural Resources Department

Ene	ergy, Minerals and Natural R	esources Departmen	t	Revised 1-1-89
DISTRICT I	OIL CONSERVA	ATION DIVISIO	N	
1625 N. French Drive , Hobbs, NM 88240		e Trail, Room 206 Mexico 87503	WELL API NO	30-025-12497
			5. Indicate Typ	
			FED 6. State Oil &	STATE FEE X 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.)				or Unit Agreement Name BBS (G/SA) UNIT
1. Type of Well:			SECTION 2	8
Oil Well X 2. Name of Operator OCCIDENTA	Gas Well Other L PERMIAM, LTD.		8. Well No.	131
. Name of Operator Occidental	ETERMIAW, ETD.		8. Wen No.	131
3. Address of Operator 1017 W STAN	VOLIND RD.		9. Pool name of HOBBS (G/S	
4. Well Location			I	
Unit Letter L : 2310	Feet From The SOUTH	Line and 330	Feet From The	WEST Line
Section 28	Township 18-S	Range	38-E	LEA County
	10. Elevation (Show whether DF, 13649' GL	RKB, RI GR, etc.)		
	ppropriate Box to Indicate N			
NOTICE OF INTENT	ΓΙΟΝ ΤΟ:		SUBSEQUENT R	EPORT OF:
1 1	LUG AND BANDON	REMEDIAL WORK	X	ALTERING CASING
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DRILLIN	NG OPNS.	PLUG & ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	s (Clearly state all pertinent detail.	s, and give pertinent date	s, including estimated a	ate of starting any proposed
RUPU. Pull injection equipment. Stimulate open hole w/2000 g 15% NEFE Run 5.5" Guiberson UNI VI pc pkr and set XL on/off tool w/1.875 ss "F" nipple.				
126 jts 2-7/8" Duoline tbg. Circ csg w/pkr fluid.				1213141578
Load and test csg to 700 psi for 30 min and	d chart for the NMOCD.		,	NOTAL TO THE
RDPU. Clean Location. Rig Up Date: 01/26/2004			345670	1. July 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Rig Down Date: 01/29/2004			/6	; c, o, W
PMX-205				₹608.82.82.02.02.02.02.02.02.02.02.02.02.02.02.02
I hereby certify that the information above is tru	e and complete to the best of my k	nowledge and belief.		

TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY APPROVAL IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE

FEB 1 2 2004

TITLE Sr. Engr. Tech

SIGNATURE

