

DISTRICT 1

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.
30-025-05505

5. Indicate Type of Lease
FED ☐ STATE ☒ 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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator OCCIDENTAL PERMIAN, LTD.

3. Address of Operator 1017 W STANOLIND RD.

4. Well Location
Unit Letter G 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 25 Township 18-S 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RTGR, etc.)
3658' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: TEMPORARILY ABANDONED ☒

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.

Notify the NMOCD 24hrs before csg test. (393-6161)
POOH w/production equipment. Laying down rods and pump.
RIH w/4.5" csg scraper to 3950'. 11.6 # csg
Set 4.5" CIBP @ 3900'. Top perf @ 3961'.
Test csg to 560 psi and chart for 30 min for the NMOCD.
Circ csg w/inhibited fluid.
POOH laying down tbq.
RDPU and clean location. Well is Temporarily Abandoned

This Approval of Temporary
Abandonment Expires 12/15/05

Rig Up Date: 11/29/2000
Rig Down Date: 12/04/2000

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Robert N. Gilbert TITLE SR. ENG. TECH DATE 12/12/2000
TYPE OR PRINT NAME Robert Gilbert TELEPHONE 505/397-8206
NO.

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

JCN

