## Energy, Minerals and Natural Resources Department

State of New Mexico DISTRICT I OIL CONSERVATION DIVISION

1625 N. French Drive, Hobbs, NM 88240  310 Old Santa Fe Trail, Room 206	WELL API NO. 30-025-07335
Santa Fe, New Mexico 87503	
	5. Indicate Type of Lease  FED STATE X FEE
	FED STATE X FEE 6. State Oil & Gas Lease No.
	o. State Off & 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	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101 FOR SUCH PROPOSALS.)	NORTH HOBBS (G/SA) UNIT
Type of Well:     Oil Well	Section 17
Oil Well   Gas Well   Other Temporary Abandoned   2. Name of Operator   OCCIDENTAL PERMIAN, LTD.	8. Well No. 141
2 Adding 60 and 1017 W 67 MOLDED DD	
3. Address of Operator 1017 W STANOLIND RD.	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location	Tiobbs (Graft)
4. Wen Location	
,	t From The WEST Line
Section 18 Township 18-S 38-E  10. Elevation (Show whether DF, RKB, RT GR, etc.)	NMPM LEA County
3650' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report, of NOTICE OF INTENTION TO:	or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND REMEDIAL WORK ABANDON	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP	NS. PLUG & ABANDONMENT X
PULL OR ALTER CASING CASING TEST AND CEMEN	
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incli	uding estimated date of starting any proposed
work) SEE RULE 1103.	ygy p. oposeu
Well is TA'd with CIBP @4000' capped w/35'cmt. TOC @3965'.	
Perforate 7" csg @260'. Bottom of 12.5" surf csg @212'.	
Spot cmt from 1600' to 1850'. Top of Anhy @1740'.	
Tag cmt plug. @1600'.	
Circ cmt behind 7" csg. Pump from surf thru sqz holes @260'. Csg full of cmt from 270' to surf.	
Installed dry hole marker 4' above ground level with well information. NHU 17-141, UL "M", Sec. 1'	7, TWN 18-S, RNG 38-E. 18 9 10 3 2 2
Well Is P&A'd 11/12/2001	
777 Terra 1772 2001	
	02 220 11
	(E)
	16 Kr 4020
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
DI + 211 +	
SIGNATURE X Stur Title COMPLETIONS	S SPECIALIST DATE 11719/2001
TYPE OR PRINT NAME ROBERT GILBERT	TELEPHONE 505/397-8206 NO.
(This space for State Use)	
APPROVED BY Command TITLE Fed Les	DATE 2-14-02
CONDITIONS OF APPROVAL IF ANY	
GWW	