State of New Mexico

Ene	rgy, Minerals and Natural	Resources Department		Nevisca i i o
DISTRICT I 1625 N. French Drive , Hobbs, NM 88240	310 Old Santa I	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		77337
	Santa Fe, New Mexico evece		5. Indicate Type of Lease FED STATE X FEE 6. State Oil & Gas Lease No.	
OUNDDA MOTICI	CC AND DEDODTS ON W	TELLS		
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 NORTH HOBBS (G/SA) UNIT	
1. Type of Well:			Section 18	
Oil Well Gas Well Other Temporary Abandoned			8. Well No. 141	
2. Name of Operator OCCIDENTAL PERMIAN, LTD.			0. Well 10.	
3. Address of Operator 1017 W STANOLIND RD.			9. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location				
Unit Letter M 330	Feet From The SOUTH	Line and 330 F	Feet From The WEST	Line
Section 18	Township 18-S	38-E	NMPM	LEA County
	10. Elevation (Show whether DF	F, RKB, RT GR, etc.)		
	3673' GL	N	t on Other Date	
11. Check A NOTICE OF INTEN	ppropriate Box to Indicate ΓΙΟΝ ΤΟ:	SU	BSEQUENT REPORT OF	
I Etti Ottiii Remeenia	LUG AND BANDON	REMEDIAL WORK	ALTERING	3 CASING
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DRILLING	OPNS. PLUG & A	ABANDONMENT X
PULL OR ALTER CASING CASING TEST AND CE			IENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent deta	ails, and give pertinent dates, in	ncluding estimated date of starting	z any proposed
Well is TA'd with CIBP @3870' capped of CMT plug over bad csg @2869' to 3100'.				
Perforate @270' thru 8-5/8" csg and the 1 Spot cmt from 1950' to 2150'. Top of And Tag cmt plug. @1950'. Circ cmt to surf behind 8-5/8" and 10-3/4	ny @2040'.	az holes @270°. Bottom of	surf esg @222'.	
Csg full of cmt from 270' to surf. Cut off csg and installed dry hole marker			•	
Well is P&A'd			Ŷ	i.
Rig Up Date: 11/07/2001 Rig Down Date: 11/09/2001			•	
I hereby certify that the information above is tr	and complete to the best of m	y knowledge and belief		
Thereby certify that the information above is tr	the and complete to the best of the			°E 11/ \$ /01
SIGNATURE / Notice /	that	TITLE COMPLETI	ONS SPECIALIST DAT	E 11/49/01
TYPE OR PRINT NAME ROBERT GILL	BERT		TELEPHONE NO.	505/397-8206
(This space for State Use)			, DATE É	-14-02
APPROVED BY	TITLE	- Jones Col	, DATE	-
CONDITIONS OF APPROVAL IF ANY:		/		
GWW				
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