

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. 30-025-07358

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 Temporary Abandoned

2. Name of Operator OCCIDENTAL PERMIAN, LTD.

3. Address of Operator 1017 W STANOLIND RD.

7. Lease Name or Unit Agreement Name  
NORTH HOBBS (G/SA) UNIT

Section 19

8. Well No. 112

9. Pool name or Wildcat  
HOBBS (G/SA)

4. Well Location  
Unit Letter D -1650 Feet From The NORTH SOUTH Line and 990 Feet From The WEST EAST Line  
Section 19 Township 18-S 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3670' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: TEMPORARY ABANDON WELL <input checked="" type="checkbox"/>	

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.

RUPU. Pull injection equipment.  
Set CIBP @3945'. Top Perf @4042'.  
Circ. csg w/pkr fluid.  
Test csg to 300 psi for 30 min and chart for the NMOCD.  
RDPU. Clean Location.

Well is T&A'd. Scheduled to be 2005 CO2 injector.

Temporary Abandonment Expires 8/8/07

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert Gilbert TITLE SR. ENGR TECH DATE 08/02/2002  
TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL IF ANY: ORIGINAL SIGNED BY DATE  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

AUG 09 2002