

DISTRICT I

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. 30-025-07375
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
Section 20
8. Well No. 111
9. Pool name or Wildcat HOBBS (C/SA)

<p>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.)</p>	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporary Abandoned	
2. Name of Operator OCCIDENTAL PERMIAN LTD.	
3. Address of Operator 1017 W STANOLIND RD.	
4. Well Location Unit Letter <u>D</u> <u>330</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section 20 Township 18-S 38-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3662' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: CASING PRESSURE TEST <input checked="" type="checkbox"/></p>

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.

Test Date: 08/27/2001

Pressure Reading: Initial - 540 psi 15 min - 540, 30 min - 530 psi.

Length of pressure test 30 minutes.

THIS NOTICE OF ABANDONMENT
ABANDONMENT OF WELL

9/27/06

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

SIGNATURE Steve W. Jones TITLE Engineering Tech. DATE 9/13/2001
TYPE OR PRINT NAME Steve W. Jones TELEPHONE NO. 505/397-8228

(This space for State Use)
APPROVED BY Gay W. Wink TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY _____

3