

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.	07422
30-025	
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 28	
8. Well No. 111	
9. Pool name or Wildcat	
HOBBS (G/SA)	
10. Elevation (Show whether DE, RKB, RT GR, etc.)	
3644' GL	

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/> Other INJECTOR
2. Name of Operator	
OCCIDENTAL PERMIAN LIMITED PARTNERSHIP	
3. Address of Operator	
1017 W STANOLIND RD.	
4. Well Location	
Unit Letter D	: 990 Feet From The North Line and 330 Feet From The WEST Line
Section 28	Township 18-S Range 38-E NMPM IIA County
10. Elevation (Show whether DE, RKB, RT GR, etc.)	
3644' 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: FAILED MIT, REPLACED PKR ☒

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.

Rig up Pulling Unit (04/17/00).
 RIH w/injection equipment.
 Set 4.5" Guiberson UNI VI pkr @4180'.
 Test csg to 480# for 30 min and chart for the NMOC'D.
 Circ csg with inhibited fluid.
 Rig Down and Clean Location.
 Well returned to injection.

Rig Up Date: 04/17/00
 Rig Down Date: 04/19/00

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

SIGNATURE Robert M. Gilbert TITLE LIFT SPECIALIST DATE 06/01/00
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 06/01/00

