State of New Mexico nerals and Natural Resources Department Energy

OIL	CONSERVA	TION	DIVISION
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<u>DISTRICT I</u>	OIL CONSERVATION DIVISION	
1625 N. FRENCH DRIVE, HOBBS, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503	WELL API NO. 30-025-07491
		5. Indicate Type of Lease
		FED STATE FEE X
		6. State Oil & Gas Lease No.
SUNDRY NOTICES A	AND REPORTS ON WELLS	
,	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	JSE "APPLICATION FOR PERMIT" OR SUCH PROPOSALS.)	NORTH HOBBS (G/SA) UNIT
Type of Well:		
L	Well Other Temporarily Abandoned	8. Well No. 311
2. Name of Operator OCCIDENTAL PE	RMIAN LIU.	8. Well No. 311
3. Address of Operator 1017 W. STANOL	IND RD.	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location		
Unit Letter B : 440 Feet 1	From The NORTH Line and 2310 Fee	et From The EAST Line
Section 31	Township 18-S RANGE 38-I levation (Show whether DF, RKB, RT GR, etc.)	E NMPM LEA County
V///://///////////////////////////////	' GR	
11. Check Appro NOTICE OF INTENTION	priate Box to Indicate Nature of Notice, Report,	or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG.		ALTERING CASING
ABAN		
	GE PLANS COMMENCE DRILLING OF	
PULL OR ALTER CASING	CASING TEST AND CEME	
OTHER:	OTHER: MIT	X
12. Describe Proposed or Completed Operations (<i>Clework</i>) SEE RULE 1103.	arly state all pertinent details, and give pertinent dates, incl	uding estimated date of starting any proposed
TEST DATE: 05/07/02		
		(12/37a)
PRESSURE READING: INITIAL - 580 PS	15 10 10 10 10 10 10 10 10 10 10 10 10 10	
LENGTH OF PRESSURE READING: 30 M	1IN	X .
TEST WITNESSED: YES		
		a Silveria de Carlos de Ca
4	Seguroral of Temporary	
4	bandonment Expires 9/12	107
I hereby certify that the information above is true and	complete to the best of my knowledge and belief.	
SIGNATURE More Williams	TITLE ENGINEERIN	G TECH DATE 09/10/02
TYPE OR PRINT NAME STEVE W JONES		TELEPHONE 505/397-8228
(C) Constitution		NO.
(This space for State Use) GINAL SIGNED BY		SEP 12 MM
APPROVED BY GARY W. WINK OC FIELD REPRESENTATION	TIVE II/STAFF MANAGER	DATE
CONDITIONS OF APPROVAL IF ANY:	HTE HIJ MIT MANAMOLK	