State of New Mexico
Energy, Minerals and Natural Resources Department

Revised 1-1-89

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.
30-025-07503

5. Indicate Type of Lease
FED [ ] STATE [X] 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.)

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

1. Type of Well:
Oil Well [X] Gas Well [ ] Other

SECTION 31

2. Name of Operator: OCCIDENTAL PERMIAN, LTD.

8. Well No. 211

3. Address of Operator: 1017 W STANOLIND RD.

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

4. Well Location
Unit Letter C : 440 Feet From The NORTH Line and 2310 Feet From The WEST Line

Section 31 Township 18-S Range 38-E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3642' GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]			OTHER	CONVERT TO INJECTOR		[X]

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. Lay down production equipment.
Sqz San Andres zone II perfs 4128-32.
Drill out CIBP @ 4203' and Clean out to 4238'.
Acidize perfs 4172-96 and open hole w/4000 g 15% HCL acid.
RIH w/5" Guiberson Uni VI pkr and set @ 4152' on 129 jts 2 7/8" Duo line tbg.
Load casing with inhibited fluid.
Test casing to 530 psi for 30 min and chart for the NMOCD.

Rig up date: 07/14/00
Rig down date: 07/25/00

PMX-204

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

SIGNATURE Robert N. Gilbert TITLE RIG SUPERVISOR DATE 07/30/00

TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

JCSN