

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.
30-025-07575

5. Indicate Type of Lease

FED ☐ STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

8. Well No. 1

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

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 Temporarily Abandoned

2. Name of Operator OCCIDENTAL PERMIAN LTD.

3. Address of Operator 1017 W. STANOLIND RD.

4. Well Location

Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 34 Township 18-S RANGE 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3640' DF

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: MIT ☒

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.

Failed MIT in April, 2001.

Maclasley Oil Field Services pressured up on it 7/30/01 and found no leaks. We think that the first pressure truck had problems.

2nd TEST DATE: 07/30/01

PRESSURE READING: Initial - 560 psi, 15 min - 560 psi, 30 min - 560 psi

Length of pressure test: 30 minutes

See C-103 dated 10/31/01 for approved repair

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 09/19/01

TYPE OR PRINT NAME Steve W. Jones

TELEPHONE NO. 505-397-8228

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL IF ANY:

NATURAL RESOURCES DEPARTMENT

