

DISTRICT I

1655 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.	30-025-23775 12491
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	19
8. Well No.	341
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3658' DF

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 Temporary Abandoned	
2. Name of Operator OCCIDENTAL PERMIAN LTD.	
3. Address of Operator 1017 W STANOLIND RD.	
4. Well Location Unit Letter <u>O</u> <u>2310</u> Feet From The <u>EAST</u> Line and <u>330</u> Feet From The <u>SOUTH</u> Line Section <u>19</u> Township <u>18-S</u> <u>38-E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3658' DF	

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

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: 10/01/2001

Pressure Reading: Initial - 525 psi. 15 min - 525, 30 min - 525 psi.

Length of pressure test 30 minutes.

See C103 dated 10/31/01
F/A Status
Separation
SAS
This Approval of Temporary Abandonment Expires _____

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 10/02/01
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: