## State of New Mexico Energy Linerals and Natural Resources Department

OIL CO	NSERVA	ATION	DIVISION			
	old Santa Fe Trail, Room 206 nta Fe, New Mexico 87503			WELL API N	IO. 30-025-1	2732
				5. Indicate Type of Lease		
			FED STATE X FEE			
				6. State Oil d	& 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		
Type of Well:     Oil Well	Other			SECTION	13	
Name of Operator OCCIDENTAL PERMIAN, LTD.				8. Well No.	441	
3. Address of Operator 1017 W STANOLIND RD.				9. Pool name or Wildcat HOBBS (G/SA)		
4. Well Location		<del></del>				
Unit Letter P : 330 Feet From The S	OUTH	Line and		eet From The	EAST	Line
Section 13 Township	18-S		Range 37-	E NM	IPM	LEA County
10. Elevation ( <i>Show</i> )	whether DF, I	RKB, RT GF	R, etc.)			
11. Check Appropriate Box to NOTICE OF INTENTION TO:	Indicate N	Vature of I				
				BSEQUENT I		
PERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIA	AL WORK		ALTERING (	CASING
TEMPORARILY ABANDON X CHANGE PLANS		COMME	NCE DRILLING O	PNS.	PLUG & AB	ANDONMENT
PULL OR ALTER CASING		CASING '	TEST AND CEME	ENT JOB		
OTHER:		OTHER:				
12. Describe Proposed or Completed Operations ( <i>Clearly state all pework</i> ) SEE RULE 1103.	rtinent details	s, and give p	pertinent dates, inc	luding estimated	date of starting a	ny proposed
Notify the NMOCD prior to job. (393-6161)						
RUPU. POH w/tbg.						
RIH w/7" csg scraper to 3825'.				6	x1=125	
RIH w/7" CIPB and set @3800'. Top of 5.5" liner @3844'. Top perf @4000"				2030	-345	<i>a</i>
Cier esg w/pkr fluid.	•			\200°		4
Test csg to 500 psi for 30 min and chart for the NMOCD.				_/⊗`	<i></i>	9]
RDPU. Clean Location.				A 252627.	Sqq.	189101127
				15	€ 752	75/
				15	4	್ರವ/
				160	3 67	<i>''</i>
				~ % O(	Cercin Trans	
I hereby certify that the information above is true and complete to the	best of my kr	nowledge an	d belief.			<u> </u>
SIGNATURE Kobut Fillert		TITLE	Completions S	pecialist	DATE	11/24/2001
TYPE OR PRINT NAME R.N. GILBERT				TE NO	LEPHONE ).	505/397-8206
(This space for State Use)			33377 6 533	rp 8Y		
APPROVED BY	TITLE			17	DATE	
CONDITIONS OF APPROVAL IF ANY:			ر المراجعة المراجعة ا	المالك والمالي		