

**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.	30-025-12722
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
8. Well No.	441
9. Pool name or Wildcat	HOBBS (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	OCCIDENTAL PERMIAN, LTD.
3. Address of Operator	1017 W STANOLIND RD.
4. Well Location	Unit Letter <b>P</b> : <b>330</b> Feet From The <b>SOUTH</b> Line and <b>330</b> Feet From The <b>EAST</b> Line Section <b>13</b> Township <b>18-S</b> Range <b>37-E</b> LEA County
10. Elevation (Show whether DKB, RT GR, etc.)	3660' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <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"/>		PLUG & ABANDONMENT <input type="checkbox"/>
		CASING TEST AND CEMENT JOB <input type="checkbox"/>
		OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates, including estimated actual starting and proposed completion dates) SEE RULE 1103.

RUPU. LAY DOWN RODS AND PUMP.  
PERFORATE 4112' - 4132'. 4 JSPF AND 90 DEGREE PHASED.  
PERFORATE 4139' - 4248'. 2 JSPF AND 180 DEGREE SPIRAL.  
ACIDIZE NEW PERFS W/4200 G 15% HCL ACID.  
RIH W/REDA ESP EQUIPMENT.  
RDPU. CLEAN LOCATION.

RIG UP DATE: 09/13/00  
RIG DOWN DATE: 09/19/00

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

SIGNATURE R. N. Gilbert TITLE COMPLETION SPECIALIST DATE 10/05/2000  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10/11/00  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_