

DISTRICT

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.
30-025-23206

5. Indicate Type of Lease
FED ☐ STATE ☐ 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 ☐ Gas Well ☐ Other INJECTOR(SHUT IN)

8. Well No. 131

2. Name of Operator OCCIDENTAL PERMIAN LTD.

3. Address of Operator 1017 W. STANOLIND RD.

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

4. Well Location

Unit Letter L : 1650 Feet From The SOUTH Line and 330 Feet From The WEST Line
Section 20 Township 18-S RANGE 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3662' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Requesting TA status</u>	<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: 05/03/02

PACKER DEPTH: 4007'

PRESSURE READING: INITIAL - 585 PSI; 15 MIN - 580 PSI; 30 MIN - 580 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

Approval of Temporary
Abandonment Expires 9/6/07

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 08/28/02
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228
NO.

(This space for State Use)

APPROVED BY _____ ORIGINAL SIGNED BY _____ DATE SEP 06 2002
CONDITIONS OF APPROVAL IF ANY: GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER