State of New Mexico

Enry, Minerals and Natural Resources Departmer

DISTRICT I	OII CONCED	VATION DIVIS	1 031			
1625 N. French Drive , Hobbs, NM 88240		Fe Trail, Room 206		NO		
	Santa Fe, New Mexico 87503		"CLL AFI	30-025-26834		
			5. Indicate	Type of Lease		
			FED	STATI		EX
			6. State Oil	& Gas Lease No	λ.	
SUNDRY NOT	ICES AND REPORTS ON V	VELLS				······································
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			A 7. Lease Na	7. Lease Name or Unit Agreement Name		
DITTEREST RESER	C-101 FOR SUCH PROPOSALS.)	PERMIT"		OBBS (G/SA	i) UNIT	
1. Type of Well:		-	SECTION	12		
2. Name of Operator OCCIDEN	Gas Well Other Other ITAL PERMIAM, LTD.	NJECTOR		33		
<u> </u>	_		8. Well No.	232		
3. Address of Operator 1017 W S7	TANOLIND RD.		9. Pool name	or Wildcat		
			HOBBS (G			
4. Well Location						·
Unit Letter K : 1595	Feet From The SOUTH	Line and 1370	Feet From The	11tham		
Section 33	T	_	_ rationing	WEST	_ Line	
	10. Elevation (Show whether DF.	RKB, RT GR, etc.)	38-E NM	РМ	LEA Cou	unty
11. Chack	3635' GL					
NOTICE OF INTER	Appropriate Box to Indicate	Nature of Notice, Re	port, or Other Dat	a		
IM IF I See that A see the see that I see th	PLUG AND ABANDON		SUBSEQUENT F	EPORT OF:		
TCMPARABLE VARABLE COM	CHANGE PLANS	REMEDIAL WORK	X	ALTERING	CASING	
PULL OR ALTER CASING	CHARLET LARS	COMMENCE DRILLI		PLUG & AI	BANDONMEN"	т 🗀
OTHER:		CASING TEST AND C				
12. Describe Proposed or Completed Operation	(Clearly state all a second	OTHER: OPEN AI	DDFITONAL PAY			
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	i (C tearty sime au pernnent delaits, c	and give pertinent dates, i	including estimated dat	e of starting any	proposed	
PERFORATE FROM 4044' TO 4258'. ACID TREAT WITH 3780 g 15% HCL / SET 5.5" GUIBERSON UNI VI PKR 623 CIRC CASING WITH INHIBITED FLUITTEST CASING TO 520 PSI FOR 30 MIN WELL RETURNED TO INJECTION. RIG UP DATE: 06/19/00 RIG DOWN DATE: 06/21/00	ACID. 3943'. D.					
hereby certify that the information above is true. IGNATURE YPE OR PRINT NAME R.N. GILBERT This space for State Use) PPROVED BY	and complete to the best of my knowl			DATE PHONE NO.	07/11/2000 505/397-8200	6
				7 1899	186	
	·				/	\\



