rinerg	y, Minerais and Natural K	esources reparament	
DISTRICT I	AL CONSERVA	TION DIVISION	
25 N. French Drive , Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL APINO. 30-025- 28309	
	Santa i C, i ve w	Mexico by 505	5. Indicate Type of Lease
			FED STATE X 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 SOUTH HOBBS (G/SA) UNIT
1. Type of Well:	·	· · · · · · · · · · · · · · · · · · ·	
Oil Well Gas Well Other INJECTOR			
2. Name of Operator OCCIDENTAL PERMIAN LIMITED PARTNERSHIP			8. Well No. COOP 6
3. Address of Operator 1017 W STANOLIND RD.			9. Pool name or Wildcat
·			HOBBS (G/SA)
4. Well Location			
Unit Letter E : 1950 Fe	eet From The NORTH	Line and 535 Fe	et From The WEST Line
(in 1 cmc 12			
Section 34	Township 18-S	Range 38.	E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3636' GL.			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLU	UG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CH	ANGE PLANS	COMMENCE DRILLING O	PNS. PLUG & ABANDONMEN 1
PULL OR ALTER CASING		CASING TEST AND CEMI	NT JOB
OTHER:		OTHER:	
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			
Rig up Pulling Unit 05/03/00. Perforate San Andres Zone from 4215' 42. Acidized San Andres perfs w/1500 gal 15% Set 5.5"Baker Loc Set. pkr 6/4138' Rig Down and Clean Location. Return well to injection.		sed)	
Rig Up Date: 05/03/00 Rig Down Date: 05/05/00			
I hereby certify that the information above is true at	nd complete to the best of my know	wledge and belief.	

TITLE LIFT SPECIALIST

ini Kilopati

тіп.е

di 5 2000

06/01/00

505/397-8206

DATE

TELEPHONE NO.

DATE

SIGNATURE

TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY

R.N. GILBERT

