



1625 N. French Drive, Hobbs, NM 88240

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 29885
30-025-442

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.)

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other INJECTOR

2. Name of Operator OCCIDENTAL PERMIAN LIMITED PARTNERSHIP

3. Address of Operator 1017 W STANOLIND RD.

7. Lease Name or Unit Agreement Name
NORTH HOBBS (G/SA) UNIT

SECTION 29

8. Well No. 442

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

4. Well Location

Unit Letter *P : 230 Feet From The SOUTH Line and 220 Feet From The EAST Line
Section 29 Township 18 S Range 38 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3645' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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 05/18/00
Perforate San Andres Zone from 4114' - 4282'. (2 JSPE, 180 Degree phased)
Acidize perts w/4000 gal 20% HCL acid.
RIH w/injection equipment
Set 7" Gimberson UNI VI pkr @ 3952'.
Test csg to 500# for 30 min and chart for the NMOC'D.
Circ csg with inhibited fluid.
Rig Down and Clean Location.
Well returned to injection.

Rig Up Date: 05/18/00
Rig Down Date: 05/23/00

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 06/01/00

TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

APPROVED BY _____
DATE _____

JCS

X