

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. 30-025-28943

5. Indicate Type of Lease
FED ☐ STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

SECTION 32

8. Well No. 143

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

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 ☐

2. Name of Operator OCCIDENTAL PERMIAM, LTD.

3. Address of Operator 1017 W STANOLIND RD.

4. Well Location
Unit Letter M : 1185 Feet From The SOUTH Line and 300 Feet From The WEST Line
Section 32 Township 18-S Range 38-E LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3629' GL

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 checked="" 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: <input 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.

RUPU. PULL ESP EQUIPMENT.
PERFORATE FROM 4100' TO 4245'. 4 JSPF WITH 90 DEGREE PHASE.
ACID TREAT WITH 2900 G 15% HCL ACID.
RIH W/REDA ESP PRODUCTION EQUIPMENT.
RDPU. CLEAN LOCATION.

RIG UP DATE : 10/18/00
RIG DOWN DATE: 10/23/00

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

SIGNATURE	<u>Robert N. Gilbert</u>	TITLE	<u>COMPLETION SPECIALIST</u>	DATE	<u>10/30/2000</u>
TYPE OR PRINT NAME	<u>R.N. GILBERT</u>	TELEPHONE NO.	<u>505/397-8206</u>		

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: _____

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