State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.: 30-025-29026

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: NORTH HOBBS (G/SA) UNIT
SECTION 33

1. Type of Well: Oil Well [ ] Gas Well [ ] Other INJECTOR

2. Name of Operator: OCCIDENTAL PERMIAM, LTD.

8. Well No.: 212

3. Address of Operator: 1017 W STANOLIND RD.

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

4. Well Location
Unit Letter C : 205 Feet From The NORTH Line and 1420 Feet From The WEST Line
Section 33 Township 18-S Range 38-E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT GR, etc.*): 3643' GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT 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.

DRILL OUT CIBP @ 4145'
PERFORATE FROM 4214' TO 4289', 4 JSPF WITH 90 DEGREE PHASE.
ACID TREAT WITH 3500 g 15% HCL ACID.
SET GUIBERSON UNI VI PKR @ 3960'.
CIRC CASING WITH INHIBITED FLUID.
TEST CASING TO 600 PSI FOR 30 MIN AND CHART FOR THE NMOCD.
WELL RETURNED TO INJECTION.

RIG UP DATE: 05/30/00
RIG DOWN DATE: 06/02/00

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

SIGNATURE: Robert N. Gilbert TITLE: DOWNHOLE SPECIALIST DATE: 07/03/2000

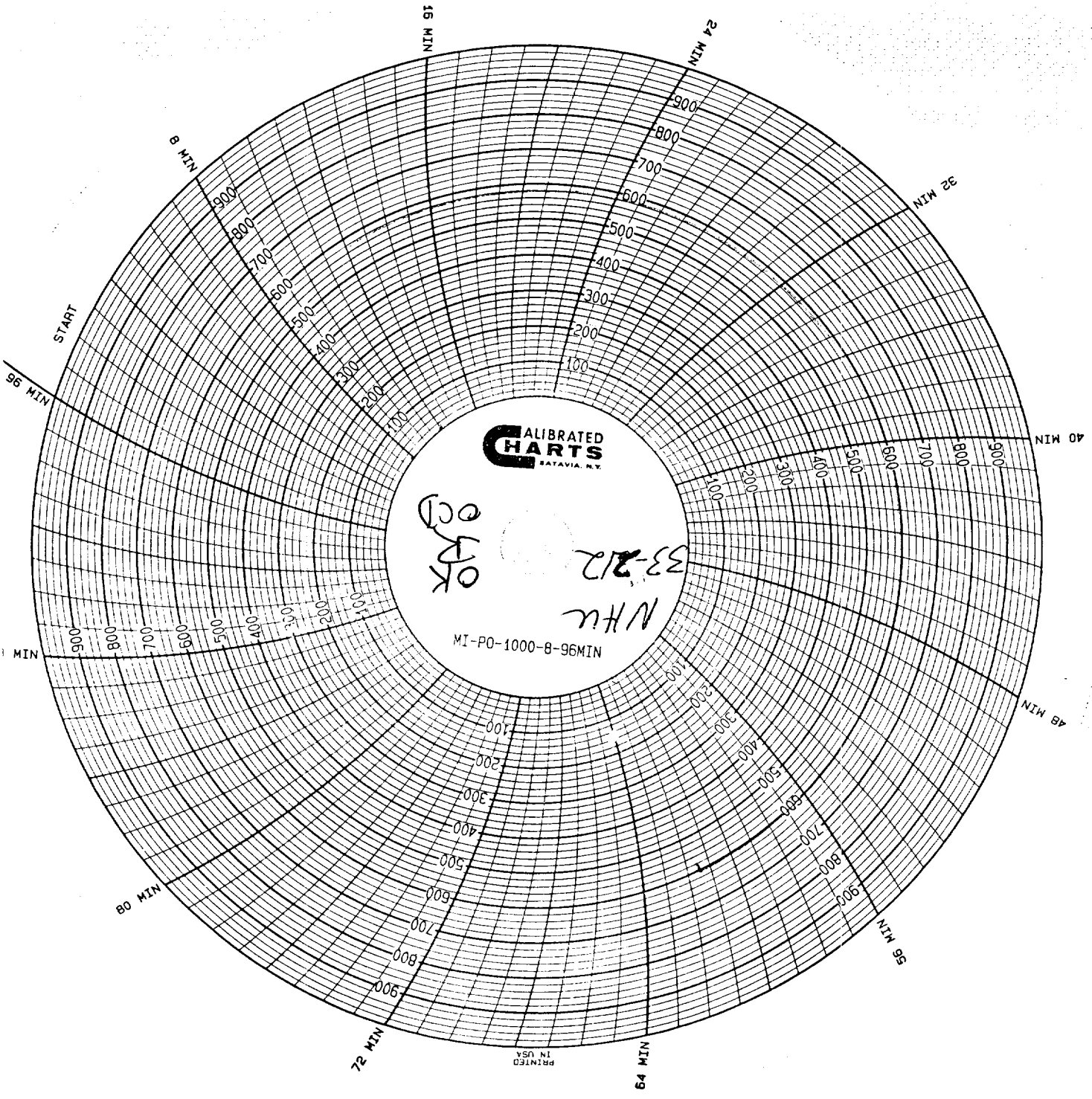
TYPE OR PRINT NAME: R.N. GILBERT TELEPHONE NO.: 505/397-8206

(This space for State Use)

APPROVED BY: _____ TITLE: _____ DATE: _____

JCS


Received
Hobbs
OCD


16 MIN
24 MIN
8 MIN
32 MIN
START
40 MIN
96 MIN
48 MIN
80 MIN
56 MIN
72 MIN
64 MIN
CALIBRATED CHARTS BATAVIA, N.Y.
MI-PO-1000-8-96MIN
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