

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- 34906
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
SECTION	33
8. Well No.	511
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	OCCIDENTAL PERMIAN LIMITED PARTNERSHIP
3. Address of Operator	1017 W STANOLIND RD.
4. Well Location	Unit Letter <u>D</u> : <u>1310</u> Feet From The <u>NORTH</u> Line and <u>598</u> Feet From The <u>WEST</u> Line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County 10. Elevation (Show whether DF, RKB, RT GR, etc.) <u>3643' GL.</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>NEW WELL COMPLETION</u> <input checked="" type="checkbox"/>
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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 05/01/00.
Perforate San Andres Zone III from 4102' - 4294'. (4 JSPE, 90 degree phasing)
Acidize perfs w/6000 gal 15% HCL acid.
RIII w/production equipment. RIEDA ESP.
Rig Down and Clean Location.

Rig Up Date: 05/01/00
Rig Down Date: 05/04/00

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 05/30/00
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE DISTRICT I SUPERVISOR DATE 05/30/00