Submit 3 Copies to Appropriate

State of New Mexico Energy, Lierals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office

DISTRICT I

Unit Letter

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

Section

11.

OTHER:

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pa	achec	o St.
Santa Fe	NM	87505

ELL A	PI NO.			
	:30	-025-	34994	

5. Indicate Type of Lease STATE FEE X

North Hobbs G/SA Unit

631

Hobbs; Grayburg - San Andres

7. Lease Name or Unit Agreement Name

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

2. Name of Operator

Occidental Permian Limited Partnership

3. Address of Operator

P.O. Box 4294, Houston, TX 77210-4294 4. Well Location

> 490 Feet From The 33

18-S Township

PLUG AND ABANDON

OTHER

Range

North

Water Injection

38-E

Line and ___

NMPM

8. Well No.

_ Feet From The __

9. Pool name or Wildcat

East

_ Line

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3642' GL

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:

NOTICE OF INTENTION TO:

REMEDIAL WORK

ALTERING CASING

PLUG AND ABANDONMENT

CHANGE PLANS COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

Spud & Run Surface Casing 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.

7/1/00: MI x RU. Spud 12-1/4" hole @ 13:30 hrs. (NMOCD notified)

7/3/00 -

7/4/00: Run 38 jts. 8-5/8", 24#, J-55, ST&C casing with 10 centralizers and set at 1545'. Cement with 500 sx. PBCZ (lead) and 225 sx. PBCZ tail. Plug down x circulate 192 sx. to pit. WOC. Cut off casing, weld on wellhead, x NU BOP. Test blind rams and manifold to 1500#.

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

SIGNATURE_

TITLE Business Analyst (SG)

__ DATE __

07/07/2000

TYPE OR PRINT NAME

OMICHIAL GROBED BY ORDER WILLIAMS DISTRI**TUTE <u>LISTE</u>RVISOR**

DATE

(This space for State Use)

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

