

OIL CONSERVATION DIVISION

DISTRICT I
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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-353376
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
2. Name of Operator Occidental Permian Limited Partnership	8. Well No. 643
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294	9. Pool name or Wildcat Hobbs; Grayburg - San Andres
4. Well Location Unit Letter I : 2374 Feet From The South Line and 1213 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.) 3648' 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 AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Spud & Run Surface Casing ☒

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.

3/30/01: MI x RU. Spud 12-1/4" hole at 8:30 a.m. (NMOC notified)

3/31/01 -

4/01/01: Run 39 jts. 8-5/8", 24#, J-55, ST&C casing with 10 centralizers and set at 1513'. Cement with 600 sx. PBCZ followed by 250 sx. Premium Plus. Plug down and circulate 171 sx. to surface. WOC. Nipple up and test blind rams and pipe rams to 1000 psi and drill out.

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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 04/02/01
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 281/552-1158

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 2001
CONDITIONS OF APPROVAL, IF ANY: