

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.	30-025-07597
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input 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.)		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR		
2. Name of Operator OCCIDENTAL PERMIAN LIMITED PARTNERSHIP		8. Well No. 31
3. Address of Operator 1017 W STANOLIND RD.		9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County		
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3613' 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: <u>OPEN ADDITIONAL PAY</u> <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.

Rig up Pulling Unit.
Perforate San Andres Zone from 4184' - 4254'. (2 JSPI, 90 degree phased)
Acidize perms w/3000 gal 15% HCL acid.
RIII w/injection equipment.
Set 6-5/8" Guiberson UNI VI pkr @3824'.
Test csg to 540# for 30 min and chart for the NMOCD.
Circ csg with inhibited fluid.
Rig Down and Clean Location.
Well returned to injection.

Rig Up Date: 06/14/00
Rig Down Date: 06/19/00

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

SIGNATURE _____	TITLE <u>LIFT SPECIALIST</u>	DATE <u>07/11/00</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 1 JUL 28 2000

JCS

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