TELEPHONE

DATE

505/397-8228

JUL 1 1 2602

## State of New Mexico Energy, Jinerals and Natural Resources Department

Energy	, Amerais and Natural Resc	ources Department		
DISTRICT I	OIL CONSERVAT	ION DIVISION		
1625 N. FRENCH DRIVE, HOBBS, NM 88240 310 Old Santa Fe Trail, Room 206			WELL API NO. 30-025-07609	
Santa Fe, New Mexico 87503		5. Indicate Type of Lease		
				TATE FEE X
			6. State Oil & Gas Lea	
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"			7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT	
(FORM C-101 FOR SUCH PROPOSALS.)			SOUTH HOBBS (G	JSA) UNII
1. Type of Well:				
		CTOR(SHUT IN)	8. Well No. 56	
2. Name of Operator OCCIDENTAL Pl	ERMIAN LID.		o. Well two.	
Address of Operator 1017 W. STANOLIND RD.			9. Pool name or Wildcat HOBBS (G/SA)	
			HOBBS (G/SA)	
4. Well Location				
Unit Letter P : 660 Feet	From The SOUTH Line	and 660 Feet	From The EAST	Line
Service 4	Township 19-S	RANGE 38-E	NMPM	LEA County
Section 4 10.1	Elevation (Show whether DF, RKB)			
	0' DF		attack a since	record to the state of the state of
	opriate Box to Indicate Natu	re of Notice, Report, o	r Other Data SEQUENT REPORT	L OE·
NOTICE OF INTENTIO				ERING CASING
PERFORM REMEDIAL WORK PLUG ABAN	1	MEDIAL WORK	ALII	ERINO CASINO
TEMPORARILY ABANDON CHAN	GE PLANS CO	MMENCE DRILLING OP	NS. DLU	G & ABANDONMENT
PULL OR ALTER CASING	CA	SING TEST AND CEMEN	T JOB	
OTHER:	по	HER: Requesting TA s	status	X
12. Describe Proposed or Completed Operations (Clawork) SEE RULE 1103.	early state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of st	arting any proposed
TEST DATE: 05/10/02				
PACKER DEPTH: 3863'				
PRESSURE READING: INITIAL - 585 PS	SI; 15 MIN – 585 PSI; 30 MIN	– 585 PSI		
LENGTH OF PRESSURE READING: 30 N	MIN			
TEST WITNESSED: YES				
	is aboreval of Tee	moorary j	<i></i>	
Approval of Temporary Apandonment Expires				
	•			
I hereby certify that the information above is true and	complete to the hest of my knowl	edge and belief		
I nereby certify that the information above is true and				
SIGNATURE Meve W	TI TI	TLE ENGINEERING	TECH	DATE 06/17/02

OCCUPED REPAISENTATIVE HISTAFF VANACES

TYPE OR PRINT NAME STEVE W JONES

CONDITIONS OF APPROVAL IF ANY:

(This space for State Use)

APPROVED BY

