

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.	30-025-07613
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		8. Well No. 30
2. Name of Operator OCCIDENTAL PERMIAN LIMITED PARTNERSHIP		9. Pool name or Wildcat HOBBS (G/SA)
3. Address of Operator 1017 W STANOLIND RD.		
4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>5</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.) 3610' 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 & ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 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.

Rig up Pulling Unit 05/25/00.
 Perforate San Andres Zone from 4050' - 4087'. (2 JSPE, Spiral phased)
 Acidize perfs w/4000 gal 15% HCL acid.
 RHH w/injection equipment.
 Set 5.5" Guiberson UNI VI pkr @ 3824'.
 Test csg to 5600# for 30 min and chart for the NMCCD.
 Circ csg with inhibited fluid.
 Rig Down and Clean Location.
 Well returned to injection.

Rig Up Date: 05/25/00

Rig Down Date: 05/30/00

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

SIGNATURE

Robert N. GilbertTITLE LIFT SPECIALISTDATE 06/01/00

TYPE OR PRINT NAME

R.N. GILBERTTELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY

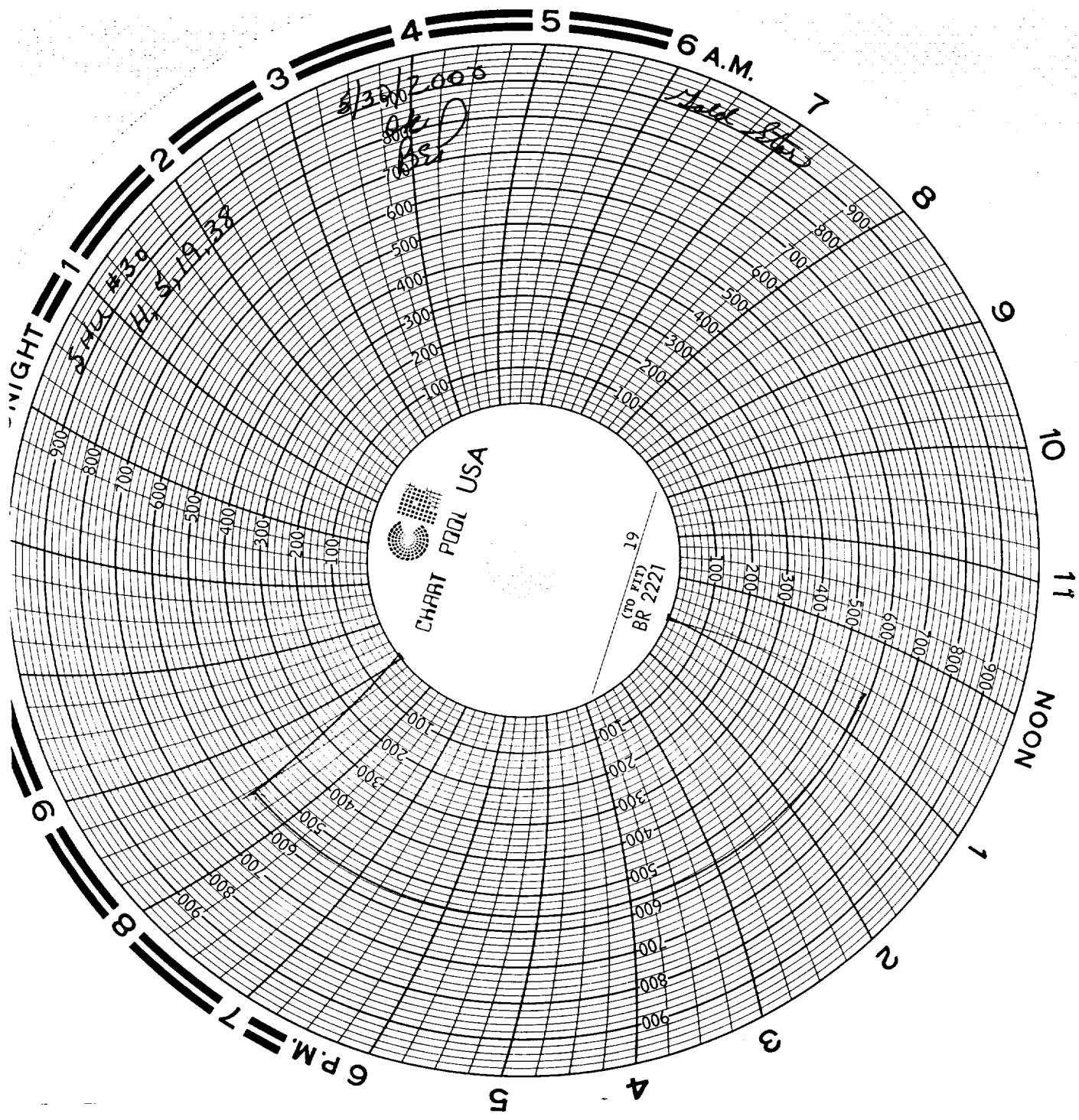
TITLE

ORIGINAL FILED IN
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FIELD OFFICE

DATE

JUN 26 2000

JCS



5/30/2008
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