

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

DISTRICT I

1625 N. FRENCH DRIVE, HOBBS, NM 88240

WELL API NO.
30-025-07653

5. Indicate Type of Lease
FED ☐ STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SOUTH HOBBS (G/SA) UNIT

8. Well No. 119

9. Pool name or Wildcat
HOBBS (G/SA)

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 ☐ Gas Well ☐ Other ☒ INJECTOR(SHUT IN)

2. Name of Operator
OCCIDENTAL PERMIAN LTD.

3. Address of Operator
1017 W. STANOLIND RD.

4. Well Location
Unit Letter C : 330 Feet From The NORTH Line and 2310 Feet From The WEST Line
Section 8 Township 19-S RANGE 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3612' 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: Requesting TA status

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.

TEST DATE: 05/10/02

PACKER DEPTH: 3911'

PRESSURE READING: INITIAL - 580 PSI; 15 MIN - 580 PSI; 30 MIN - 580 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

This Approval of Temporary
Abandonment Expires 7/11/07

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

SIGNATURE Steve W Jones

TYPE OR PRINT NAME STEVE W JONES

TITLE ENGINEERING TECH

TELEPHONE NO.

DATE 06/17

505/3

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

GARY W. WINK

STATE REPRESENTATIVE / STAFF MANAGER

DATE

JUL

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OTHER: ☐

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SIGNATURE Steve W Jones TITLE ENGINEERING TECH DATE 06/17/02
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228
NO.

(This space for State Use)

APPROVED BY GARY W. WINK TITLE STATE MANAGER DATE JUL 11 2002
CONDITIONS OF APPROVAL IF ANY:

2002

