

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.<br>30-025-07668                                                                                                      |
| 5. Indicate Type of Lease<br>FED <input type="checkbox"/> STATE <input type="checkbox"/> FREE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                                                      |
| 7. Lease Name or Unit Agreement Name<br>SOUTH HOBBS (G/SA) UNIT                                                                   |
| 8. Well No. 83                                                                                                                    |
| 9. Pool name or Wildcat<br>HOBBS (G/SA)                                                                                           |

|                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR                                                                              |  |
| 2. Name of Operator<br>OCCIDENTAL PERMIAN, LTD.                                                                                                                                                                         |  |
| 3. Address of Operator<br>1017 W STANOLIND RD.                                                                                                                                                                          |  |
| 4. Well Location<br>Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line<br>Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County |  |
| 10. Elevation (Show whether DE, RKB, RI GR, etc.)<br>3600' 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 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>FAILED MIT</u>                            | <input checked="" 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.

TEST DATE: 04/19/2000

REPAIRED PACKER/RESET 4.5" GUIBERSON UNIT PKR @ 3959' ON 126 JTS 2 3/8" IPC TBG.

PRESSURE READING: INITIAL: 530 PSI; 15 MIN - 520 PSI; 30 MIN - 520 PSI.

LENGTH OF PRESSURE READING FIELD: 30 MIN.

Rig up date: 07/12/00

Rig down date: 07/17/00

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

SIGNATURE Robert N. Gilbert TITLE RIG SUPERVISOR DATE 07/17/2000  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

AUG 4 2000

