State of New Mexico , Minerals and Natura: Resources Departmer

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

1625 N. FRENCH DRIVE, HOBBS, NM 88240 310 Old S			nta Fe Trail, Room 206 New Mexico 87503			WELL API NO. 30-025-24079 5. Indicate Type of Lease FED STATE FEE X 6. State Oil & Gas Lease No.			
						6. State Oil	& Gas Lease No	0.	
SUNDRY NOT	TICES AND REPOR	TS ON W	VELLS						
(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.)					A	7. Lease Name or Unit Agreement Name BYERS "B"			
1. Type of Well:	C-101 FOR SUCH PROP	USALS.)							
Oil Well Gas Well Other Temporarily Abandoned									
Name of Operator OCCIDENTAL PERMIAN LTD.						8. Well No. 34			
3. Address of Operator 1017 W. STANOLIND RD.						9. Pool nam HOBBS DI			
4. Well Location								 	
Unit Letter B: 713	Feet From The N	ORTH	Line and	1740	Foot	C	E . om		
	<u></u>		Line and		_ reet i	From The	EAST	_ Line	
Section 4	Township 10. Elevation (Show)	19-S	DVD DTC	RANGE	38-E	NM.	1PM	LEA Count	y
Maria de la companya	3620' GL	memer Dr,	. KK <i>B</i> , K <i>I</i> O.	n, eic.)					
11. Check	Appropriate Box to	Indicate	Nature of					the dealers are problem on weather the	diales.
NOTICE OF INTE					SUBSI	EQUENT I	REPORT OF	: :	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDI	AL WORK			ALTERING	G CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPN			s.	PLUG & A	BANDONMENT	<u></u>
PULL OR ALTER CASING CASING TEST AND CEME					EMENT	JOB 🗀		.b.u.bommen	L
OTHER:			OTHER:	_MIT			•		X
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ions (Clearly state all per	tinent detail	ls, and give p	pertinent date.	s, includ	ing estimated	date of starting	any proposed	
TEST DATE: 07/30/2001									
PRESSURE READING: Initial – 56	0 psi, 15 min – 540 psi	, 30 min –	525 psi						
$ LENGTH\ OF\ PRESSURE\ READING:$	30 MIN								
TEST WITNESSED: NO									
			This Aban	Approva donment	il of Expi	Tempora res	ory 10/1	16/06	
I hereby certify that the information above is	true and complete to the b	est of my ki	nowledge an	d belief.					
SIGNATURE Steve G	U pres		TITLE	Engineerin	g Tech.		DATE	10/04/2001	
TYPE OR PRINT NAME Steve W. Jone	s /					TEI NO	LEPHONE	505/397-8228	
(This space for State Use)		- . "							
APPROVED BY		TITLE					DATE	<u> </u>	
CONDITIONS OF APPROVAL IF ANY:							· , 		

