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

DISTRICT I	OIL CONSERVA	TION DIVISIO	N			
1625 N. FRENCH DRIVE, HOBBS, NM 88240	310 Old Santa Fe	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL API NO. 30-025 <del>-07633</del> 2 6/2 0		
	<b></b>			5. Indicate Type of Lease		
			6. State Oil & 0	STATE Con Lean No.	FEE X	
			6. State Oil & C	jas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS			AFTENS -			
(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		
Type of Well:						
Oil Well Gas Well Other Temporary Abandoned  2. Name of Operator OCCIDENTAL PERMIAN LTD.				125		
2. Name of Operator Occidental	EKMEN ETD.		8. Well No.			
3. Address of Operator 1017 W. STANO	LIND RD.		9. Pool name o HOBBS (G/S			
4. Well Location			· · · · · · · · · · · · · · · · · · ·			
Unit Letter E : 2016 Fee	et From The NORTH	Line and <u>763</u>	Feet From The	WESTI	Line	
Section 43	Township 19-S	RANGE	38-E NMP	M	LEA County	
36	Elevation (Show whether DF, I 10' GL				tering on the second	
11. Check App. NOTICE OF INTENTIO	ropriate Box to Indicate N ON TO:	lature of Notice, Rep	ort, or Other Data SUBSEQUENT RI	EPORT OF:		
. 2 0	G AND NDON	REMEDIAL WORK		ALTERING C	ASING	
	ANGE PLANS	COMMENCE DRILLIN	NG OPNS.	PLUG & ABA	ANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB			
OTHER:		OTHER: MIT			X	
12. Describe Proposed or Completed Operations (C	Clearly state all pertinent detail	s, and give pertinent date	s, including estimated o	late of starting ar	ıy proposed	
work) SEE RULE 1103.						
TEST DATE: 06/27/01						
PRESSURE READING: INITIAL 540 PS	SI; 15 MIN – 535 PSI; 30 M	IN – 530 PSI.				
LENGTH OF PRESSURE READING: 30	) MIN					
ELIGITION TRESSORE REASING.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			/ E Tampana	: <i>1</i>	•	
This Approval of Temporary Abandonment Expires						
		Aparidoniicii	Special Specia	hand the state of	Control of the second of the s	
		\				
I hereby certify that the information above is true	and complete to the best of my l	nowledge and belief.	1			
Le 1	) as	TITLE Engineeri	ng Tech	DATE	7/3/01	
SIGNATURE Source W. Jones	your	TILL Engineeri	<del>-</del>	LEPHONE	505/397-8228	
TYPE OR PRINT NAME Steve W. Jones			NC NC			
(This space for State Use)		Contract to	<u></u>			
APPROVED BY	TITLE	Ž-		DATE		
CONDITIONS OF APPROVAL IF ANY:		£	es.	1		

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