

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.  
30-025-26647

5. Indicate Type of Lease

FED ☐ STATE ☐ FEE ☒

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.)

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other ☐ Temporarily Abandoned

2. Name of Operator

OCCIDENTAL PERMIAN LTD.

3. Address of Operator

1017 W. STANOLIND RD.

7. Lease Name or Unit Agreement Name  
Byers "B"

8. Well No. 35

9. Pool name or Wildcat  
Hobbs; Drinkard

4. Well Location

Unit Letter H : 2030 Feet From The NORTH Line and 626 Feet From The EAST Line  
Section 4 Township 19-S RANGE 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3630.4' RDB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND  
ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: MIT/TA ☒

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: 09/24/02

PRESSURE READING: INITIAL - 555 PSI; 15 MIN - 555 PSI; 30 MIN - 555 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

Notice of Temporary  
Abandonment Expires 9/26/07

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

SIGNATURE

Steve W Jones

TITLE

ENGINEERING TECH

DATE 09/25/02

TYPE OR PRINT NAME

STEVE W JONES

TELEPHONE  
NO.

505/397-8228

(This space for State Use) ORIGINAL SIGNED BY

GARY W. WINK

APPROVED BY

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

SEP 27 2002

CONDITIONS OF APPROVAL IF ANY: