State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL CONSERVA	ATION DIVISION		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.	025-28346
<u>DISTRICT II</u>			5. Indicate Type of Lease	
811 S. 1st Street, Artesia, NM 88210			FED STA	TE X FEE
<u>DISTRICT III</u>			6. State Oil & Gas Lease N	No.
1000 Rio Brazos Rd, Aztec, NM 87410				
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.)			7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT	
1. Type of Well:				,
Oil Well X	Gas Well Other			
2. Name of Operator			8. Well No. 143	
OCCIDENTAL PERMIAN L'	ΓD.		0. Deel	HODDS (C/OA)
3. Address of Operator	DC NIM 00240 505/20	7 0200	9. Pool name or Wildcat	HOBBS (G/SA)
1017 W. Stanolind Rd., HOBB 4. Well Location	3S, NM 88240 505/39	7-8200		
	Early The COURT	Lineard 220 Es	at Errors Tha EACT	Lina
Unit Letter P : 1160	Feet From The SOUTH	Line and 330 Fe	et From The EAST	Line
Section 4	Township 19S	Range 38E	NMPM	LEA County
	10. Elevation (Show whether DF, RK 3621' GL	(B, RT GR, etc.)		
11. Ct	neck Appropriate Box to Indicate Nat	ture of Notice, Report, or	Other Data	
	NTENTION TO:		SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER	ING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS. PLUG	& ABANDONMENT
PULL OR ALTER CASING	- -	CASING TEST AND CEME	NT JOB	
OTHER:	<u> </u>	OTHER: Tempo	orary Abandon Well	X
12. Describe Proposed or Completed Ope SEE RULE 1103.	rations (Clearly state all pertinent details, and	I give pertinent dates, including	estimated date of starting any	proposea work)
 MOVE IN AND RACK 2-7/8 SET 5.5" CIBP @4075'. TOI CIRC CSG W/INHIBITED FI 	P PERF @ 4122'. LUID. 30 MIN AND CHART FOR THE NM			un en
Well is T&A'd				<i>₹</i> **
Rig Up Date: 10/29/2001 Rig Down Date: 11/01/2001	This Approval of Abandonment Expi	res	ole .	່≷ຍເ <u>ຂ</u> ັບ
Thereby certify that the information above is true and complete to the best of my knowledge and be ief.				
SIGNATURE Total	- Lillet	TITLE SR. ENGR. TE	CH D.	ATE 11/19/2001
	r GILBERT		TELEPHONE I	NO. 505/397-8206
(This space for State Use)				
APPROVED BY		TITLE	D	ATE
CONDITIONS OF APPROVAL IF ANY:				

