

DISTRICT I

1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

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.)		WELL API NO. 30-025-28358
		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
		6. State Oil & Gas Lease No.
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
2. Name of Operator OCCIDENTAL PERMIAN LTD.		
3. Address of Operator 1017 W. STANOLIND RD.		8. Well No. 155
4. Well Location Unit Letter <u>B</u> : <u>1158</u> Feet From The <u>NORTH</u> Line and <u>1568</u> Feet From The <u>EAST</u> Line Section <u>9</u> Township <u>19-S</u> RANGE <u>38-E</u> NMPM LEA County		9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3604' GR		

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Casing Integrity Test - TA status</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: 02/28/03

PRESSURE READING: INITIAL - 525 PSI; 15 MIN - 525 PSI; 30 MIN - 525 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: NO

This Approval of Temporary
Abandonment Expires 3/19/08

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 03/13/03
TYPE OR PRINT NAME STEVE W JONES TELEPHONE NO. 505/397-8228

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

ORIGINAL SIGNED BY
GARY W. WINK
DISTRICT REPRESENTATIVE / STAFF MANAGER

MAR 19 2003

