State of New Mexico e. Minerals and Natural Resources Department

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DISTRICT I

OIL CONSERVATION DIVISION

1625 N. FRENCH DRIVE, HOBBS, NM 88240	310 Old Santa Santa Fe, N	Fe Trail, R	oom 206	WEL 30-0	L. API NO. 25-28986 Indicate Type of Lease FED STATE Late Oil & Gas Lease No.	1 1 2 1 1	
SUNDRY NOTICES A	AND REPORTS ON V	VELLS			94 J. 17		
(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:	ok such Proposals.)						
Oil Well Gas	Well Other	Temporary A	Abandoned				
2. Name of Operator OCCIDENTAL PE	RMIAN LTD.			8. W	ell No. 196		
3. Address of Operator 1017 W. STANOL	IND RD.				ool name or Wildcat BBS (G/SA)		
4. Well Location							
Unit Letter M : 245 Feet	From The SOUTH	Line and	96	Feet From	The WEST	Line	
Section 4	Township 19-S		RANGE	38-E	NMPM	LEA County	
	levation (Show whether DF	, RKB, RT GR	R, etc.)				
The same and it is a surface of the same o	'GR	NI (2)	T D	0.1		was the market of the state of	
NOTICE OF INTENTION	priate Box to Indicate	Nature of f	-		er Data ENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG ABANI	AND	REMEDIA	AL WORK	SOBSEQU	X ALTERING		
	GE PLANS	COMMEN	CE DRILLIN	JC OPNS	DILIC 6 A	PANDONIAGNIT .	
PULL OR ALTER CASING				EMENT JOB	FLOG & A	BANDONMENT	
OTHER:		OTHER:			AND MIT	L.	
		1		AL WORK		x	
12. Describe Proposed or Completed Operations (Cleawork) SEE RULE 1103.	arty state all pertinent delai	its, and give p	ertinent dates	s, including es	timated date of starting	any proposed	
Failed MIT 4/01. Weld patch on esg. Test seg to 560 psi for 30 m	ninutes for NMOCD. 8/3	1/2001					
Test Date: 8/31/2001							
Pressure Reading: Initial – 560 psi, 15 min – 5	60 psi, 30 min – 560 psi.						
Length of pressure test: 30 minutes							
Thursday of the state of the st					······································		
I hereby certify that the information above is true and	complete to the best of my k	nowledge and	t belief.				
SIGNATURE There W	eres	_ TITLE _	Engineerin	g Tech.	DATE	10/01/01	
TYPE OR PRINT NAME Steve W. Jones	<u> </u>				TELEPHONE NO.	505/397-8228	
(This space for State Use)				7			
APPROVED BY	TITLE	CT.			DATE	77	
CONDITIONS OF APPROVAL IF ANY:		7.77	1 3 .				
		1 1					

