

DISTRICT 1

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.
30-025-29519

5. Indicate Type of Lease
FED ☐ STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SOUTH HOBBS (G/SA) UNIT

8. Well No. 206

9. Pool name or Wildcat
HOBBS (G/SA)

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 ☐ Injector

2. Name of Operator OCCIDENTAL PERMIAN LTD.

3. Address of Operator 1017 W. STANOLIND RD.

4. Well Location
Unit Letter N : 1640 Feet From The NORTH Line and 280 Feet From The EAST Line
Section 6 Township 19-S RANGE 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3625.6' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Casing Integrity Test - (Well is SI)</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: 12/13/02

PRESSURE READING: INITIAL - 580 PSI; 15 MIN - 575 PSI; 30 MIN - 560 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: NO

ABANDONMENT 12/20/07

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 12/19/02
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228
NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 20 2002

CONDITIONS OF APPROVAL IF ANY:

DEC 20 2002

