

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. 30-025-29756
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Active injector		8. Well No. 218
2. Name of Operator OCCIDENTAL PERMIAN LTD.		9. Pool name or Wildcat HOBBS (G/SA)
3. Address of Operator 1017 W. STANOLIND RD.		
4. Well Location Unit Letter <u>A</u> : <u>652</u> Feet From The <u>NORTH</u> Line and <u>563</u> Feet From The <u>EAST</u> Line Section <u>4</u> Township <u>19-S</u> RANGE <u>38-E</u> NMPM LEA County		
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3609' GL		

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</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: 03/03/03

PRESSURE READING: INITIAL - 320 PSI; 15 MIN - 320 PSI

LENGTH OF PRESSURE READING: 15 MIN

TEST WITNESSED: NO

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

SIGNATURE <u>Steve W Jones</u>	TITLE <u>ENGINEERING TECH</u>	DATE <u>03/18/03</u>
TYPE OR PRINT NAME <u>STEVE W JONES</u>	TELEPHONE NO. <u>505/397-8228</u>	

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

MAR 19 2003

