

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. 30-025-31423
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
8. Well No. 235
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Active Injector <input type="checkbox"/>	
2. Name of Operator OCCIDENTAL PERMIAN LTD.	
3. Address of Operator 1017 W. STANOLIND RD.	
4. Well Location Unit Letter <u>K</u> : <u>2160</u> Feet From The <u>SOUTH</u> Line and <u>2414</u> Feet From The <u>WEST</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.) 3621.6' RDB	

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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <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: 02/17/03

PRESSURE READING: INITIAL - 380 PSI; 15 MIN - 375 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 Steve W Jones TITLE ENGINEERING TECH DATE 02/27/03
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228
NO.

(This space for State Use)

APPROVED BY Harry W. Wink FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 10 2003
CONDITIONS OF APPROVAL IF ANY:

