

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.	30-025-31427
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.	231
9. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location Unit Letter <u>F</u> <u>1562</u> Feet From The <u>NORTH</u> Line and <u>2100</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>IEA</u> County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3615' GL.	

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 checked="" type="checkbox"/> Other
2. Name of Operator OCCIDENTAL PERMIAN LIMITED PARTNERSHIP
3. Address of Operator 1017 W STANOLIND RD.

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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PUT IN OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

Rig up Pulling Unit 04/25/00
Perforate Grayburg Zone from 3900' - 3982' (4 ISPE, 45 Degree phased)
Set 7" Gimberson UNI VI pkr @ 3862'
Rig Down and Clean Location

Rig Up Date: 04/25/00
Rig Down Date: 05/01/00

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

SIGNATURE R. N. Gilbert TITLE LIFT SPECIALIST DATE 06/01/00
TYPE OR PRINT NAME R. N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____