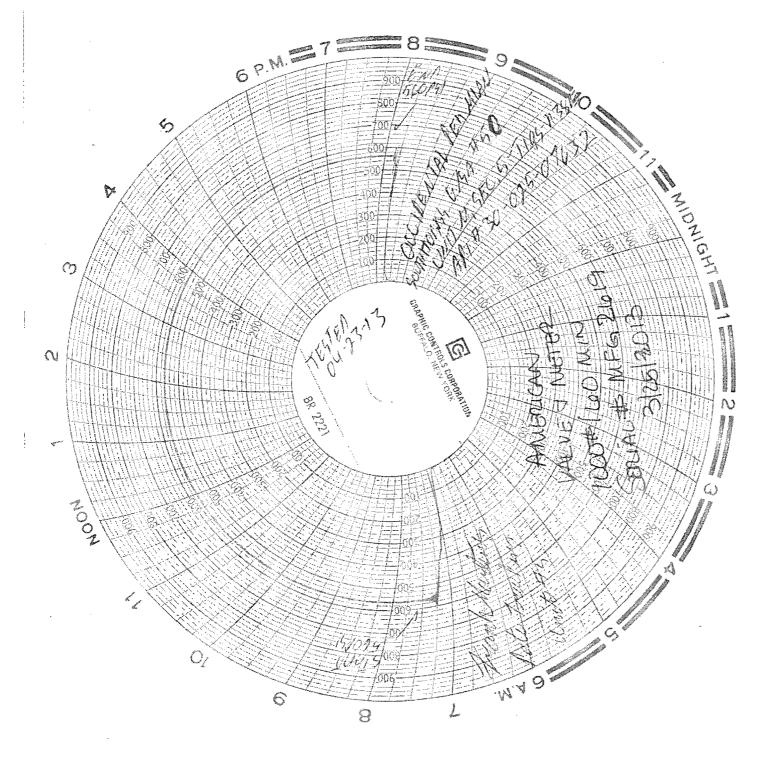
State of New Mexico HOBBS COMMinerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE OH. CONSERVATION DIVIS	SION
DISTRICE 1 1625 N. French Dr., Hobbs, NM 88240 MAY 2 0 2013 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-07632
<u>DISTRICT II</u>	5. Indicate Type of Lease
1301 W, Grand-Ave, Artesia, NM 88210 RECEIVED	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd, Aziec, NM 87410	6, State Oil & Gás Leasé No.
SUNDRY NOTICES AND REPORTS ON WELLS.	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (Form C-101) for such proposal	
1. Type of Well: Oil Well Gas Well Other TA'd Injection Well	8. Well No. 50
Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984
3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323 4. Well Location	
Unit Letter M : 990 Feet From The South Line and 990	Feet From The West Line
Section 5 Township 19-S Range	38-E NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3628' DF	
Pit or Below-grade Tank Application or Closure	
Pit Type Depth of Ground Water Distance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness mil Below-Grade Tank: Volume bbls; Const	ruction Material
12. Check Appropriate Box to Indicate Nature of Notice, R. NOTICE OF INTENTION TO:	eport, or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	RK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT	
PULL OR ALTER CASING Multiple Completion CASING TEST A	ND CEMENT JOB
OTHER: Cas	sing Integrity Test X
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pert proposed work) SEE—RULE 1103. For Multiple Completions: Attach wellbore diagram of	
Date of Test: 04/23/2013	
Pressure Readings: Initial – 560 PSI; 15 min – 560 PSI; 30 min – 560 PSI	
Length of test: 30 minutes	
Witnessed: NO	
Thereby certify that the information above is true and complete to the best of my knowledge and belief. I fu	erther cartific that my oil or habou useda took has been aball ha
constructed or	promoner,
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved
SIGNATURE Adm A SIGNATURE Adm	inistrative Associate DATE 05/15/2013
SIGNATURE TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy johnson	
	@oxy.com TELEPHONE NO. 806-592-6280
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy johnson	



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