State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVA	ATION DIVISION		
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South	St. Francis Dr. NM 87505	WELL API NO. 30-025-07641	
DISTRICT II	,	HOBBS OCD	5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210		HOBBOOD	STATE X	FEE
<u>DISTRICT III</u>		200	6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410		MAR 1 0 201)	
SUNDRY NOT	TICES AND REPORTS ON WE	LLS	7. Lease Name or Unit Agreer	nent Name
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVOIR. USE "AF	OPOSALS TO DRILL OR TO DEEPEN PPLICATION FOR PERMIT" (Form C-I	OR PLUG BACK TO A 01) for such proposition	South Hobbs (G/SA) Unit Section 6	
Oil Well		mporarily Abandoned	8. Well No. 26	/
Name of Operator Occidental Permian Ltd.			9. OGRID No. 157984	
3. Address of Operator	70222		10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 4. Well Location	/9323			
Unit Letter H : 1650	Feet From The North	Feet	From The East	_ Line
Section 6	Township 19-S	Range 38-E	NMPM	Lea County
	11. Elevation (Show whether DF, RK 3611' RDB	B, RI GR, etc.)		
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; Construction Material				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN		BANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	T JOB	
OTHER:		OTHER: Casing integrit	y test/TA status request	X
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
Date of test: 02/26/2015			/	
Pressure readings: Initial – 520 PSI; 15	5 min – 520 PSI; 30 min – 520 PS	I his Approval Abandonment	of Temporary 2/2/2	6/2016
Length of test: 30 minutes		E-PERMI	TTING <swd in<="" td=""><td>JECTION></td></swd>	JECTION>
Witnessed: No		CONVER		BDMS & ALL
CIBP set @3848'		RETURN		
Top perf @3942'		INT to PA	P&A NR	P&A R
I hereby certify that the information above is tr	tue and complete to the best of my knowl	edge and belief. I further certify the	hat any pit or below-grade tank h	as been/will be
constructed or closed according to NMOCD guidelines		- ·		
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan				
SIGNATURE NON	() (athron	TITLE Administrative A	Associate DATE	03/06/2015
TYPE OR PRINT NAME Mendy A. Jo	inson E-mail address:	mendy_johnson@oxy.com	TELEPHONE NO.	806-592-6280
For State Use Only				
APPROVED BY	Blown	_ TITLE SUL. ~	Juflevisou DAT	ie <u>る/11/2015</u>
CONDITIONS OF APPROVAL IF ANY:			1	^

251 Months

MAR 1 2 2015

