State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-29520
DISTRICT II	,,	5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210		STATE X FEE
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOT	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PPLICATION FOR PERMIT" (Form C-101) for such proposals.)	South Hobbs (G/SA) Unit
Type of Well: Oil Well	Gas Well Other Injector HOBBS OCD	8. Well No. 207
Name of Operator		9. OGRID No. 157984
Occidental Permian Ltd. 3. Address of Operator	OCT 0 9 2015	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX		
4. Well Location	RECEIVED	
Unit Letter L : 1944	Feet From The South Line and 624 Fee	et From The West Line
Section 5	Township 19-S Range 38-	E NMPM Lea County
	11. Elevation (Show whether DF, RKB, RT GR, etc.) 3606' GL	
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		
Fit Liner Thickness iiii	below-orace rank. Volume	accitat
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 CASING		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OP	PNS. PLUG & ABANDONMENT
PULL OR ALTER CASING	Multiple Completion CASING TEST AND CEMEN	Anna Anna Anna Anna Anna Anna Anna Anna
OTHER:		
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: 09/10/2015		
Pressure Readings: Initial – 580 PSI Ending – 560 PSI		
Length of test: 30 minutes		
Witnessed: NO		
constructed or	rue and complete to the best of my knowledge and belief. I further certify	that any pit or below-grade tank has been/will be
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved		
SIGNATURE MUNICIPALITY Administrative Associate DATE 10/07/2015		
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy johnson@oxy.com TELEPHONE NO. 806-592-6280		
mendy ruled	mendy johnson@oxy.com	1 1ELEPHONE NO. 800-392-0280
For State Use Only	emamah TITLE Staff	~ Wanage DATE 10/15/15
7000	TITLE State	WILL DATE 10/15/15
CONDITIONS OF APPROVAL IF ANY:		

