

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

AUG 11 2016

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-025-29444

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Hobbs (G/SA) Unit

1. Type of Well:

Oil Well ☐Gas Well ☐Other ☐ Temporarily Abandoned

8. Well No. 197

2. Name of Operator

Occidental Permian Ltd.

9. OGRID No. 157984

3. Address of Operator

HCR 1 Box 90 Denver City, TX 79323

10. Pool name or Wildcat Hobbs (G/SA)

4. Well Location

Unit Letter L : 2030 Feet From The South Line and 860 Feet From The West Line
Section 34 Township 18-S Range 38-E NMPM Lea County Lea11. Elevation (Show whether DF, RKB, RT GR, etc.)
3625' GLPit 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ Multiple Completion ☐OTHER: TA status extension request ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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.

Run MI test to gain extension on temporary abandoned status.

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or

closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE

Mendy A. Johnson

TITLE Administrative Associate

DATE 08/09/2016

TYPE OR PRINT NAME

Mendy A. Johnson

E-mail address:

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TELEPHONE NO.

806-592-6280

For State Use Only

APPROVED BY

Mary Brown

TITLE

Dist Supervisor

DATE

8/15/2016

CONDITIONS OF APPROVAL IF ANY:

92 MONTHS