State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	HOBBS OCD 1220 South	ATION DIVISION	•	KC115CG 5 17 200 1
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	Santa Fe.	St. Francis Dr. NM 87505	WELL API NO. 30-025-09926	
<u>DISTRICT II</u>	DEC 1 4 2012		5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210	- 2016		STATE X	FEE
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	RECEIVED		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreeme	nt Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			North Hobbs (G/SA) Unit	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) 1. Type of Well:			Section 36 8. Well No. 421	
Oil Well Gas Well Other Temporarily Abandoned			121	
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 H : 1650	Feet From The North	Line and 330 Feet	From The East .	Line
Section 36	Township 18-S	Range 37-E	NMPM	Lea County
	11. Elevation (Show whether DF, Ri 3658' DF	KB, RT 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. Che	ck Appropriate Box to Indicate Na	ture of Notice Report or O	Other Data	
NOTICE OF IN			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING (CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN	NS. PLUG & AB	ANDONMENT [
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	T JOB	
OTHER: TA status extension req	uest X	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 ten	anorary abandoned status			
Run MI test to gain extension on temporary abandoned status.				
EXTENSION FOR 1YR ONLY! MAS				
		IA	K ONLY:	
			MAS	
I hereby certify that the information above	is true and complete to the best of my know	ledge and belief. I further certify t	hat 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				
SIGNATURE MANA	A Cush man	J plan		
TYPE OR PRINT NAME Mendy A	Johnson F-mail address:	TITLE Administrative	Associate DATE TELEPHONE NO.	12/13/2012
TYPE OR PRINT NAME Mend A For State Use Only	Johnson E-mail address:	mendy johnson@oxy.com	1 ELEPHONE NO.	806-592-6280
APPROVED BY Marley			7 111/2	1 . /
· · · · · · · · · · · · · · · · · · ·	Strawn	_ TITLE Comple	concelette DATE	12/24/2012
Conditions of Approval: No	Otify OCD District office	_ TITLE <u>Compl</u>	rance officer DATE	12/24/2012