State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CO	DNSERVATION DIVISION	Revised 5-27-2004
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240		1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-07409
DISTRICT II			5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210	APR 1 9 2013		STATE FEE X
<u>DISTRICT III</u> 1000 Rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lease No.
	DTICESANDIREPOR	TS ON WELLS	7. Lease Name or Unit Agreement Name
		R TO DEEPEN OR PLUG BACK TO A	North Hobbs (G/SA) Unit
		11T" (Form C-101) for such proposals.)	Section 27
1. Type of Well: Oil Well	Gas Well	Other Temporarily Abandoned	8. Well No. 241
2. Name of Operator		-	9. OGRID No. 157984
Occidental Permian Ltd. 3. Address of Operator		· 	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, T	K 79323		100005 (0/3A)
4. Well Location	······································		
Unit Letter <u>N</u> : <u>330</u>	Feet From The	South 1325 Fee	et From The West Line
Section 27	Township	18-S Range 38-I	E NMPM Lea County
		whether DF, RKB, RT GR, etc.)	
	3643'; 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 Thicknessmil Below-Grade Tank: Volumebbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	PLUG AND ABANDO		ALTERING CASING
	CHANGE PLANS		NS. PLUG & ABANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	IT JOB
OTHER:		OTHER: Casing integri	ty test/TA status request
 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: 04/11/2013			
Pressure readings: Initial – 540 PSI; 15 min – 540 PSI; 30 min – 540 PSI			
Length of test: 30 minutes			
Witnessed: NO			proval of Temporary
CIBP set @4202'		Abandor	nment Expires 04-11-2014
Top perf @4235'		, 19411401	
I hereby certify that the information above is constructed or	true and complete to the be-	st 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 per	rmit or an (attached) alternative	e OCD-approved
The plan plan			
SIGNATURE MALE DATE 04/18/2013			
TYPE OR PRINT NAME Mendy Johnson E-mail address: mendy johnson@oxy.com TELEPHONE NO. 806-592-6280			
For State Use Only APPROVED BY	whitch	TITLE Complia	my Officer DATE 04-19-201
CONDITIONS OF APPROVAL IF ANY:			

APR 2 2 2013

