## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	600 2020H	OIL CONSERV	ATION DIVISION		Revised 5-27-2004	
DISTRICT I	HOBBS OCD		St. Francis Dr.	WELL API NO		
1625 N. French Dr., Hobbs, N	APR <b>1 9 2013</b>	Santa Fe,	NM 87505	30-025-28354  5. Indicate Type of Lease		
DISTRICT II  1301 W. Grand Ave, Artesia, N	•			STATE STATE	FEE X	
DISTRICT III				6. State Oil & Gas Lease No.	1.1	
1000 Rio Brazos Rd, Aztec, N	M 87 MICEIVED					
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)				South Hobbs (G/SA) Unit	South Hobbs (G/SA) Unit	
1. Type of Well:				8. Well No. 151	8. Well No. 151	
Oil We	II Gas V	Well Other To	emporarily Abandoned	151		
2. Name of Operator				9. OGRID No. 157984	7	
Occidental Permian  3. Address of Operator	Ltd.			10. Pool name or Wildcat	Hobbs (G/SA)	
HCR I Box 90 Der	iver City, TX 79323			10. 1 ooi name or window	Hours (G/SA)	
4. Well Location						
Unit Letter B	: 710 Feet Fro	om The North		eet From The East	_ Line	
Section 1	)	Township 19-S	Range 38	-E NMPM	Lea County	
	11. Elev	vation (Show whether DF, R.				
	3617'	KB				
Pit or Below-grade Tank A	pplication 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						
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	E PLANS	COMMENCE DRILLING C	PNS. PLUG & A	ABANDONMENT []	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB				ENT JOB		
OTHER:	<del></del>	X	OTHER: Casing inte	grity 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: 04/13/2013						
Pressure Readings: Initial – 520 PSI; 15 min – 510 PSI; 30 min – 500 PSI						
Length of test: 30 minute	S					
Witnessed: No						
CIBP set @4250'			This A	pproval of Temporationment Expires	4-13-2014	
Top perf @4301'			Aband	iouweur Exhires 🗪		
		<del></del>		· · · · · · · · · · · · · · · · · · ·		
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						
SIGNATURE \( \)	rendin()	Dollm	plan }iTLE Administrativ	re Associate DAT	J E 04/18/2013	
TYPE OR PRINT NAME	Mendy A. Johnson	E-mail address:	mendy_johnson@oxy.co			
For State Use Only	, ,	) <del>\</del> \ .	Λ .			
APPROVED BY	ah W	Litala	TITLE COMPL	ione Officer DA	re 04-19-2013	
CONDITIONS OF APPROVA	I IE ANV					

