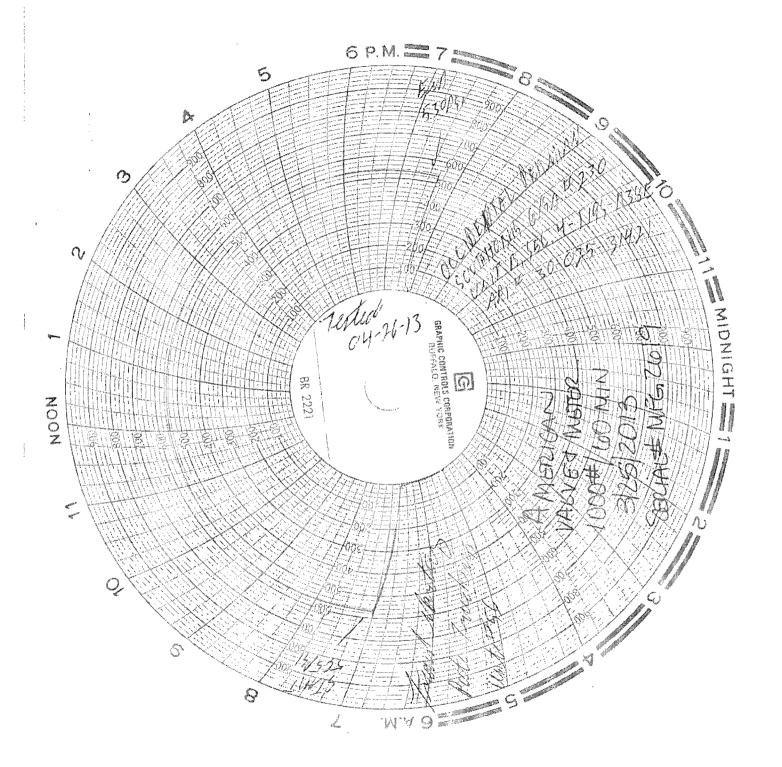
| State of New Mexico | |
|--|---------------------------------------|
| HOBBS OCD Form C-103 Revised 5-27-2004 | |
| FILE IN TRIPLICATE OIL CONSERVATION DIVISION | |
| DISTRICT I MAY 9 0 201220 South St. Francis Dr. | WELL API NO: 30-025-31421 |
| DISTRICT II | 5. Indicate Type of Lease |
| 1301 W. Grand Ave, Artesia, NM 88210 RECEIVED | STATE X FEE |
| DISTRICT III | 6. State Oil & Gas Léase No. |
| 1000 Rio Brazos Rd, Aztec, NM 87410 | 7. Lease Name or Unit Agreement Name |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL 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 |
| 1. Type of Weil: | 8, Well No. 230 |
| 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, TX 79323 4. Well Location | |
| Unit Letter B : 1100 Feet From The North Line and 2220 Feet From The East Line | |
| Section 4 Township 19-S Range 38-E NMPM Lea County | |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3617' 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 | |
| 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 | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT | |
| PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB | |
| OTHER: OTHER: Casing Integrity Test | |
| 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: 04/26/2013 | |
| Pressure Readings: Initial - 565 PSI; 15 min - 540 PSI; 30 min - 530 PSI | |
| Length of test: 30 minutes | |
| Witnessed: NO | |
| | |
| | |
| | |
| 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 I UMITY CONVOLOTION TITLE Administrative | |
| TYPE OR PRINT NAME Mendy A/Johnson E-mail address: mendy johnson@oxy.com | TELEPHONE NO. 806-592-6280 |
| For State Use Only | |
| APPROVED BY Congeline TITLE USE II | DATE -10-1013 |
| CONDITIONS OF APPROVAL BANY | |
| | |
| | NUX 00 2012 |
| | MAY 29 2013 |
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