

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

FILE IN TRIPLICATE

MAY 23 2013**OIL CONSERVATION DIVISION****DISTRICT I**
1625 N. French Dr., Hobbs, NM 882401220 South St. Francis Dr.
Santa Fe, NM 87505**DISTRICT II**

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

WELL API NO. 30-025-07470
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit 30
8. Well No. 411
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

11. Elevation (Show whether DF, RKB, RTGR, etc.) 3659' GL.	
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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 _____

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>
2. Name of Operator Occidental Permian Ltd.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323
4. Well Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Casing Integrity Test</u> <input checked="" type="checkbox"/>

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: 05/10/2013

Pressure Readings: Initial - 545 PSI; 15 min - 540 PSI; 30 min - 540 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 plan ☐SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 05/22/2013
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 [Signature] TITLE District Manager DATE 5-23-2013
CONDITIONS OF APPROVAL IF ANY: _____**MAY 29 2013**h

