

**HOBBS OCD****MAY 23 2013**State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240**DISTRICT II**  
1301 W. Grand Ave, Artesia, NM 88210**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410**RECEIVED****OIL CONSERVATION DIVISION**1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-07510	
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) <input checked="" type="checkbox"/> Section 31	
8. Well No. 141 <input checked="" type="checkbox"/>	
9. OGRID No. 157984	
10. Pool name or Wildcat Hobbs (G/SA)	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3650' GR	
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 ☐ Gas Well ☐ Other TA'd Injector2. Name of Operator  
Occidental Permian Ltd.3. Address of Operator  
HCR 1 Box 90 Denver City, TX 793234. Well Location  
Unit Letter M 990 Feet From The South Line and 990 Feet From The West Line  
Section 31 Township 18-S Range 38-E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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"/>	PLUG & ABANDONMENT <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: 05/11/2013

Pressure Readings: Initial - 545 PSI; 15 min - 540 PSI; 30 min - 535 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@pxy.com TELEPHONE NO. 806-592-6280For State Use Only  
APPROVED BY [Signature] TITLE DIST MGR DATE 5-23-2013  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_**MAY 29 2013**

