

HOBBS OCDState 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. 30-025-28733 |
| 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 South Hobbs (G/SA) Unit |
| 8. Well No. 173 |
| 9. OGRID No. 157984 |
| 10. Pool name or Wildcat Hobbs (G/SA) |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3617' RD |
| 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 _____ |

| | | | |
|---|--|--|---|
| 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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | Multiple Completion <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: _____ <input type="checkbox"/> | | OTHER: Casing Integrity Test <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.

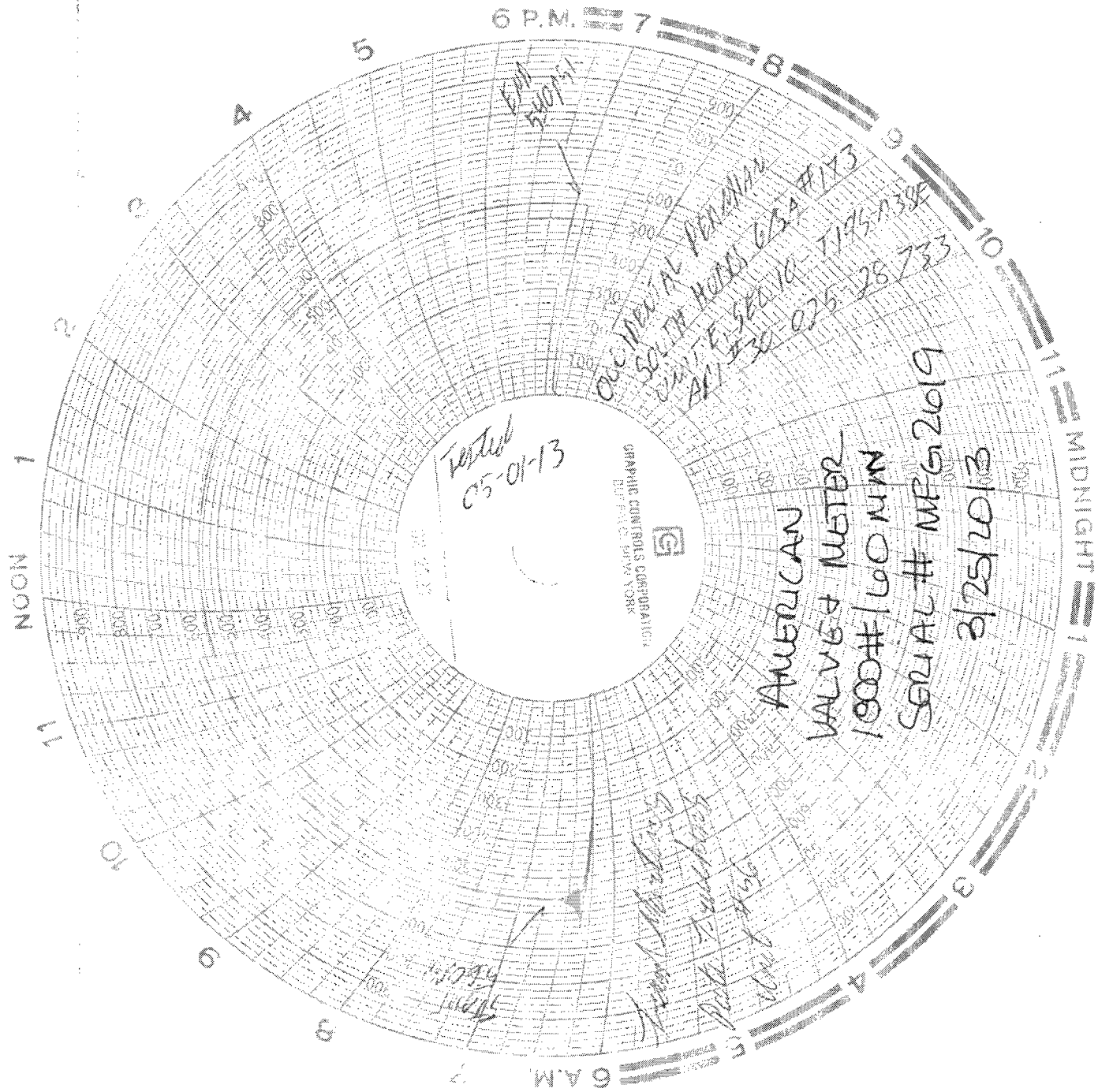
Date of Test: 05/22/2013

Pressure Readings: Initial - 560 PSI; 15 min - 550 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 Johnson TITLE Administrative Associate DATE 05/22/2013
TYPE OR PRINT NAME Mendy Johnson E-mail address: mendy_johnson@oxy.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**



Tested
05-01-13

GRAPHIC CONTROLS CORPORATION
EIGHT EIGHT PLYM YORK



OC-METAL PENMAN
SOUTH HAVEN, CT 06488
UNIT E-500-10 7195-138E
AL-130-025-28733

AMERICAN
VALVE & METER
1000# 160 MM
SERIAL # MFG 2019
3/25/2013

1/1/99
1/1/99

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