State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION	KC13CG 3-27-2004
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240		St. Francis Dr. NM 87505	WELL API NO. 30-025-07370
DISTRICT II	, ,		5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210	SEP 262013		STATE X FEE
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY	NOTICES AND REPORTS ON WE	ELLS	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.)			North Hobbs (G/SA) Unit Section 19
1. Type of Well: Oil Well	Gas Well Other T	emporarily Abandoned	8. Well No. 411
2. Name of Operator		emporarity Abandoned	9. OGRID No. 157984
Occidental Permian Ltd. 3. Address of Operator			10. Pool name or Wildcat Hobbs (G/SA)
HCR I Box 90 Denver City	TX 79323		
Unit Letter <u>A</u> : <u>1300</u>	Feet From The North	F	reet From The <u>East</u> Line
Section 19	Township 18-S		-E NMPM Lea County
	11. Elevation (Show whether DF, R. 3679' DF	KB, RT GR, etc.)	
Pit or Below-grade Tank Applicatio	or Closure		
Pit Type Depth of Gr	ound Water Distance from r	nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness mi	Below-Grade Tank: Volume	bbls; Construction M	faterial
	neck Appropriate Box to Indicate Na NTENTION TO:		Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLING O	
	Multiple Completion	CASING TEST AND CEME	
OTHER:			
	Operations (Clearly state all partiant d		es, including estimated date of starting any
	03. For Multiple Completions: Attach v		
Date of Test: 09/23/2013			
Pressure Readings: Initial – 510 F	SI; 15 min – 495 PSI; 30 min 495 PSI		
Length of test: 30 minutes			
Witnessed: NO		This Apr	proval of Temporary 74-2014
CIBP set @3910'		Abandor	nment Expires 09-24-2014
Top perf @3971'			
	e is true and complete to the best of my know	ledge and belief. I further certif	y that any pit or below-grade tank has been/will be
constructed or closed according to NMOCD guideli	nes , a general permit	or an (attached) alternati	ive OCD-approved
SIGNATURE MIND	4 a adhron	_ plan TITLE Administrativ	e Associate DATE 09/25/2013
		TITLE Administrativ	DATE 09/25/2013
\	Lunnson E-mail address:	mendy_johnson@oxy.com	m TELEPHONE NO. 806-592-6280
For State Use Only	/ 71	(m. ali	
For State Use Only APPROVED BY CONDITIONS OF APPROVAL IF ANY	Lightinson () E-mail address:	TITLE Compli	<u>m TELEPHONE NO. 806-592-6280</u> <u>ance Officer</u> DATE <u>09-27-2013</u>
APPROVED BY March	Lightinson () E-mail address:	(m. ali	
APPROVED BY March	Lightinson () E-mail address:	(m. ali	

