

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPPLICATE

HOBBS OGD OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

FEB 20 2014

RECEIVED

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

WELL API NO.
30-025-07678

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
South Hobbs (G/SA) Unit

8. Well No. 76

9. OGRID No. 157984

10. Pool name or Wildcat Hobbs (G/SA)

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>	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
2. Name of Operator Occidental Permian Ltd.	8. Well No. 76
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3607' KB	
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"/>	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: _____	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: 02/11/2014

Pressure Readings: Initial - 530 PSI; 15 min - 520 PSI; 30 min - 520 PSI

Length of test: 30 minutes

Witnessed: YES - Mark Whitaker w/NMOCD

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 02/19/2014
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 Mark Whitaker TITLE Compliance Officer DATE 2/24/2014
CONDITIONS OF APPROVAL IF ANY _____

FEB 24 2014

PRINTED IN U.S.A. 6 PM

MIDNIGHT

6 AM

Graphic Controls

02-11-2014

5 yr Test

DATE
BR 2221

RECEIVED

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