## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-20

FILE IN TRIPLICATE	HOBBS QUE CONSERV.	ATION DIVISION		Revised 3-27-2004
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South	St. Francis Dr. NM 87505	WELL API NO. 30-025-07593	,
<u>DISTRICT II</u>	MAR 1.7 2014 Santa Fe,		5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210	l		STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	RECEIVED		6. State Oil & Gas Lease No.	
SUNDRY NO	OTICES AND REPORTS ON WE	LLS	7. Lease Name or Unit Agreem	ent Name
1	ROPOSALS TO DRILL OR TO DEEPEN APPLICATION FOR PERMIT" (Form C-		South Hobbs (G/SA) Unit	
1. Type of Well: Oil Well	Gas Well Other Te	mporarily Abandoned	8. Well No. 47	
Name of Operator     Occidental Permian Ltd.			9. OGRID No. 157984	./
3. Address of Operator HCR 1 Box 90 Denver City, T.	Y 79323		10. Pool name or Wildcat	Hobbs (G/SA)
4. Well Location	A 17323		<u> </u>	
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line				
Section 3	Township 19-S  11. Elevation (Show whether DF, RI	Range 38-F	E NMPM	Lea County
	3607' GL	ED, KT OR, etc.)		
Pit or Below-grade Tank Application or Closure				
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	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPI	NS. PLUG & A	BANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	NT JOB	
OTHER:		OTHER: Casing integri	ty test/TA status request	X
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: 03/06/2014		This Approva	al of Temporary 3/	6/2015
Pressure readings: Initial – 580 PSI; 15 min – 560 PSI; 30 min – 560 PSI  Abandonment Expires				
Length of test: 30 minutes				
Witnessed: NO				
CIBP @3828' Top perf @4020'				
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 guideline	s , a general permit	or an (attached) alternative	e OCD-approved	
SIGNATURE TITLE Administrative Associate DATE 03/13/2014				
	Johnson E-mail address:	mendy johnson@oxy.com		806-592-6280
For State Use Only \( \lambda \) \( \lambda				
APPROVED BY	Hown	_ TITLE COMPLIAN	Le Coffee DAT	6 3/14/2014
CONDITIONS OF APPROVAL IF ANY:		ı	W	

MAR 29 2014 00 (

