

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form 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

**HOBBS OCD**

**OIL CONSERVATION DIVISION**

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

**APR 22 2014**

**RECEIVED**

WELL API NO. 30-025-29196	
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 Section 19	
8. Well No.	422
9. OGRID No.	157984
10. Pool name or Wildcat Hobbs (G/SA)	

4. Well Location Unit Letter <u>H</u> : <u>2495</u> Feet From The <u>North</u> <u>119</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3653' GL	

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: <u>Casing integrity test/TA status request</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: 04/11/2014

Pressure readings: Initial - 545 PSI; 15 min - 545 PSI; 30 min - 540 PSI

Length of test: 30 minutes

Witnessed: NO

CIBP set @4025'

Top perf @4057'

**This Approval of Temporary  
Abandonment Expires 4/11/2015**

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 <u>Mendy A. Johnson</u>	TITLE <u>Administrative Associate</u>	DATE <u>04/17/2014</u>
TYPE OR PRINT NAME <u>Mendy A. Johnson</u>	E-mail address: <u>mendy_johnson@oxy.com</u>	TELEPHONE NO. <u>806-592-6280</u>

For State Use Only	APPROVED BY <u>Mary Brown</u>	TITLE <u>Dist. Supervisor</u>	DATE <u>4/22/2014</u>
CONDITIONS OF APPROVAL IF ANY			

**APR 22 2014**

MIDNIGHT

Graphic Controls

DATE 4-11-74  
BR 2221

RECEIVED

APR 22 1974

HOURS OCC

PRINTED IN U.S.A.

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NOON

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