State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVA	ATION DIVISION		
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240		St. Francis Dr. NM 87505	WELL API NO. 30-025-05448	-
<u>DISTRICT II</u>	,		5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210			STATE	FEE X
<u>DISTRICT III</u>			6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410				
SUNDRY NO	TICES AND REPORTS ON WEL	LLS	7. Lease Name or Unit Agreem	ent Name
(DO NOT USE THIS FORM FOR P	ROPOSALS TO DRILL OR TO DEEPEN (OR PLUG BACK TO A	North Hobbs (G/SA) Unit	
DIFFERENT RESERVOIR. USE "A	APPLICATION FOR PERMIT" (Form C-10	01) for such proposals.)	Section 13	
1. Type of Well: Oil Well	Gas Well Other Ter	HOBBS OCD mporarily Abandoned	8. Well No. 131	-
Name of Operator Occidental Permian Ltd.	•	AUG 0 8 2014	9. OGRID No. 157984	
3. Address of Operator		- 1100 0 0 1111	10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, T	<u>C 79323</u>			
4. Well focation RECEIVED				
Unit Letter L : 330 Feet From The West Line and 1980' Feet From The South Line				
Section 13	Township 18-S	Range 37-I	E NMPM	Lea County
	11. Elevation (Show whether DF, RK. 3691' KB			
Dit on Dolous and a Took Application	or Closure			
Pit or Below-grade Tank Application				
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 Ma	terial	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
SUBSEQUENT REPORT OF				
E-PERMITTING		REMEDIAL WORK		·
PERFORMER P&A NR	P&A R		ALTERING	
TEMPORARILY INT to P&A	·	COMMENCE DRILLING OP		BANDONMENT
PULL OR ALTEF CSNG	CHG Loc	CASING TEST AND CEMEN	IT JOB	
OTHER: TA P.M.		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: 07/26/2014		This Approval of	Temporary,	
Date of test: 07/26/2014 This Approval of Temporary Pressure readings: Initial – 640 PSI; 15 min – 640 PSI; 30 min – 640 PSI Abandonment Expires 7/26/2015				
· · · · · · · · · · · · · · · · · ·				
Length of test: 30 minutes				
Witnessed: NO				
Witnessed: NO CIBP @3950'				
CIBP @3950' Top perf @4002'				
CIBP @3950' Top perf @4002' Thereby certify that the information above is				
CIBP @3950' Top perf @4002' Thereby certify that the information above is constructed or	true and complete to the best of my knowle	odge and belief. I further certify	that any pit or below-grade tank ha	
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CIBP @3950' Top perf @4002' Thereby certify that the information above is constructed or	true and complete to the best of my knowle	edge and belief. I further certify or an (attached) alternative	that any pit or below-grade tank ha	as been/will be
CIBP @3950' Top perf @4002' Thereby certify that the information above is constructed or closed according to NMOCD guidelines	true and complete to the best of my knowle	edge and belief. I further certify or an (attached) alternative plan	that any pit or below-grade tank ha	as been/will be
CIBP @3950' Top perf @4002' I hereby certify that the information above is constructed or closed according to NMOCD guidelines SIGNATURE	true and complete to the best of my knowle	or an (attached) alternative plan	that any pit or below-grade tank has oCD-approved Associate DATE	as been/will be 08/07/2014
CIBP @3950' Top perf @4002' Thereby certify that the information above is constructed or closed according to NMOCD guidelines SIGNATURE TYPE OR PRINT NAME Mendy A. J. For State Use Only	true and complete to the best of my knowle	or an (attached) alternative plan	that any pit or below-grade tank has occupant of the occupant	08/07/2014 806-592-6280
CIBP @3950' Top perf @4002' I hereby certify that the information above is constructed or closed according to NMOCD guidelines SIGNATURE TYPE OR PRINT NAME Mendy A J	true and complete to the best of my knowle	or an (attached) alternative plan TITLE Administrative mendy johnson@oxy.com	that any pit or below-grade tank has oCD-approved Associate DATE	08/07/2014 806-592-6280

AUG 1 1 2014

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