State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	ION
FILE IN TRIPLICATE DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210 DISTRICT II DIST	WELL API NO. 30-025-28361
DISTRICT II	5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	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.)	20ddii 110003 (G/S/1) 01111
1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned	8. Well No. 158
2. Name of Operator	9. OGRID No. 157984
Occidental Permian Ltd.	10 Perlamon William VI II (0/0 t)
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location Unit Letter C: 1245 Feet From The North Line and 2475 Feet From The West Line	
Section 10 Township 19-S Range 38-E NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.)	30-5
3604' GL	
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 OPNS. PLUG & ABANDONMENT	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB	
OTHER: Casing Integrity 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.	
D	
Date of test: 12/15/2014	
Pressure readings: Initial – 540 PSI; 15 min- 540 PSI; 30 min – 540 PSI	
Length of test: 30 minutes	(a) of Temporary - 1 - /2015
Witnessed: NO Abandonme	val of Temporary 2/15/2015 ent Expires
CIBPs @4100' & 4000' Producing Interval 4030-4232'	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further	er 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	
Mand Dollars plan	
SIGNATURE TITLE Administrative Associate DATE 12/24/2014	
TYPE OR PRINT NAME Mendy Johnson E-mail address: mendy johnson@oxy.com TELEPHONE NO. 806-592-6280	
APPROVED BY Markey & Supervisor Date 12/29/2014	
CONDITIONS OF APPROVAL IF ANY: E-PERMITTING	
P&A NR P&A R	
INT to P&A	
JAN 0 7 2015 CSNG CHG LOO	
TA DON RBAMS XXV	

