State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CON	SERV	ATION DIVISION		7.0.7.00.0 27 200 1
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240			St. Francis Dr. NM 87505	WELL API NO. 30-025-29196	1
DISTRICT II			HOBBSCOD	5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210			10.11 DESC 0	STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			MAR 1 0 2015	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreer	nent Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ALL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.				North Hobbs (G/SA) Unit Section 19	-
Type of Well: Oil Well	Gas Well (Other Te	emporarily Abandoned	8. Well No. 422	
Name of Operator Occidental Permian Ltd.				9. OGRID No. 157984	
Address of Operator HCR I Box 90 Denver City, T	X 79323			10. Pool name or Wildcat	Hobbs (G/SA)
4. Well Location					
Unit Letter H : 2495	Feet From The Nor	th	Fee	t From The East	Line
Section 19		18-S	Range 38-E	E NMPM	Lea County
	11. Elevation (Show whet 3653' GL	ther DF, Ri	KB, RT GR, 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	G CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPI	NS. PLUG & A	ABANDONMENT
PULL OR ALTER CASING	Multiple Completion		CASING TEST AND CEMEN	IT 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: 02/25/2015 This Approval				of Temporary / Expires 2/25	/2016
Pressure readings: Initial – 560 PSI; 15 min – 560 PSI; 30 min – 560 PSI Abandonment Expires					
Length of test: 30 minutes			E-PERMI	TTING INT to	
Witnessed: NO P&A NR P&A NR					
CIBP set @4025'			CSNG _	() 'С́н	G Løc
Top perf @4057'			TA F.M.	RBDMS NAU	
I hereby certify that the information above:	s true and complete to the best c	of my know			has been/will be
constructed or					
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan					
SIGNATURE MINISTRATIVE Administrative Associate DATE 03/06/2015					
TYPE OR PRINT NAME Mendy A.	Johnson E-mail ac	ddress:	mendy_johnson@oxy.com	TELEPHONE NO	806-592-6280
For State Use Only	M R 10		11-1		-1/
APPROVED BY	WWWW)		_ TITLE DUT.S	ripensison DA	TE 3/11/2015
CONDITIONS OF APPROVAL IF ANY				1	/ /

269 MONTHS

MAR 1 2 2015

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