

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

WELL API NO.

30-025-31423

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Hobbs (G/SA) Unit

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well:

Oil Well ☐

Gas Well ☐

Other ☐ Injector

HOBBS OCL

8. Well No. 235

2. Name of Operator

Occidental Permian Ltd.

SEP 23 2015

9. OGRID No. 157984

3. Address of Operator

HCR I Box 90 Denver City, TX 79323

10. Pool name or Wildcat Hobbs (G/SA)

4. Well Location

RECEIVED

Unit Letter K : 2160 Feet From The South Line and 2414 Feet From The West Line
Section 4 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3622' KB

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER: _____

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____

Casing integrity test

☒

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: 09/04/2015

Pressure readings: Initial - 560 PSI Ending - 540 PSI

Length of test: 32 minutes

Witnessed: Yes - George Bowes w/NMOCD

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

Mendy A. Johnson

TITLE Administrative Associate

DATE 09/21/2015

TYPE OR PRINT NAME

Mendy A. Johnson

E-mail address:

mendy.johnson@oxy.com

TELEPHONE NO.

806-592-6280

For State Use Only

APPROVED BY

Bill Samamah

TITLE

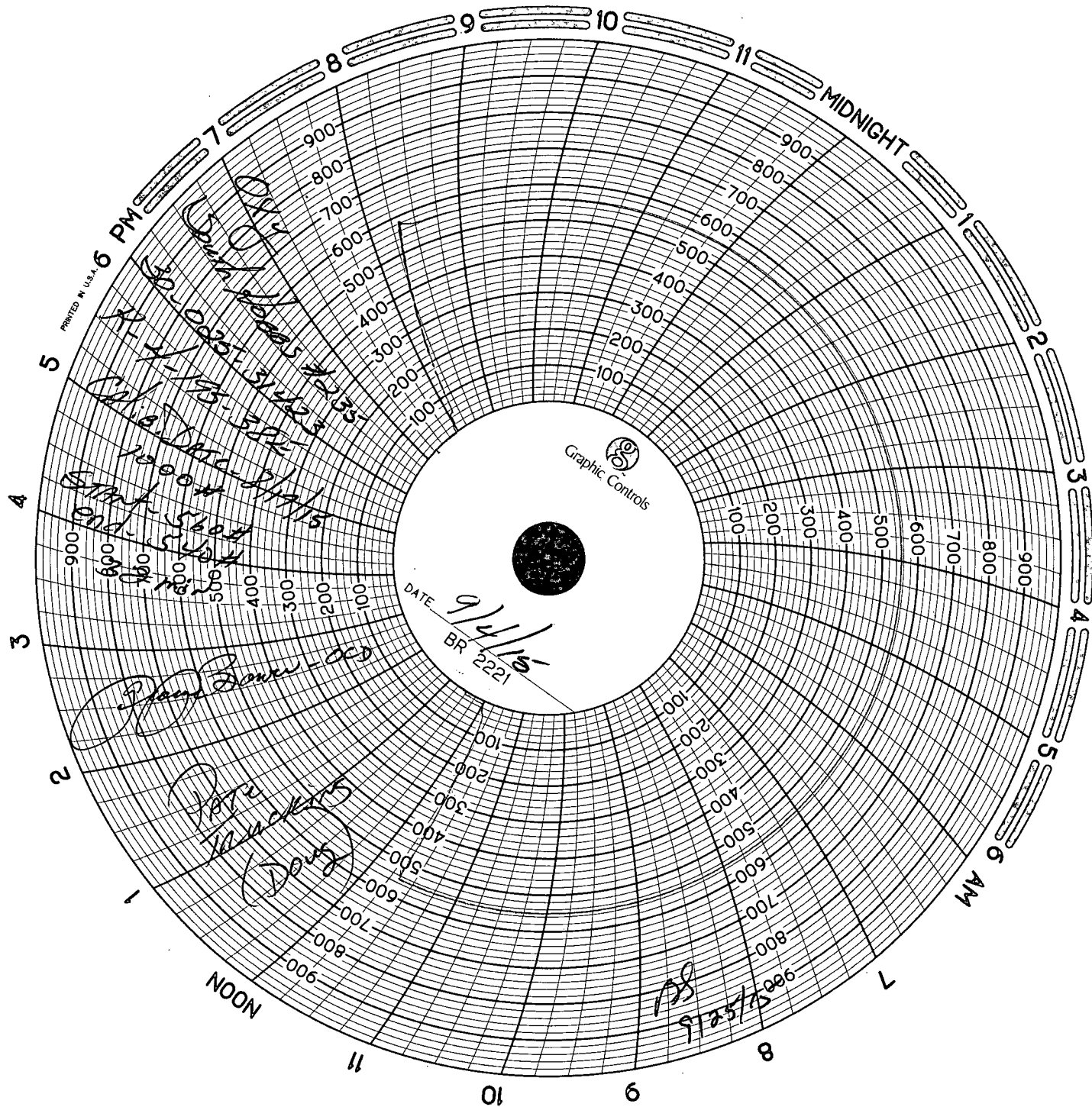
Staff Manager

DATE

9/25/15

CONDITIONS OF APPROVAL IF ANY:

SEP 28 2015



HOBBS, NM 88240

DATE: 8-17-15

8" pressure recorder Serial No: 12517

Temperature _____

[illegible]

Signature Jony Flores