State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVA	ATION DIVISI	ON			
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe. NM 87505		WELL API NO. 30-025-	07623		
DISTRICT II			5. Indicate Type of	of Lease		
1301 W. Grand Ave, Artesia, NM 88210			STA	TE FEE X		
DISTRICT III			6. State Oil & Ga	s Lease No.		
1000 Rio Brazos Rd, Aztec, NM 87410						
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PI DIFFERENT RESERVOIR. USE "A	ROPOSALS TO DRILL OR TO DEEPEN APPLICATION FOR PERMIT" (Form C-I	OR PLUG BACK TO A 01) for such proposals	OCD South Hobbs (C	i/SA) Unit		
Type of Well: Oil Well		Injector OCT A	8. Well No. 4	0		
Name of Operator Occidental Permian Ltd.	/	ULI U	9. OGRID No.	157984		
3. Address of Operator		RECE	10. Pool name or	Wildcat Hobbs (G/SA)		
HCR 1 Box 90 Denver City, TX	79323	MECO	PARCE			
4. Well Location						
Unit Letter K : 1980	Feet From The South	Line and 1980		West Line	/	
Section 5	Township 19-S	Range	38-E NMPM	Lea County	,,,,,,,,,,	
	11. Elevation (Show whether DF, RK 3629' KB	(B, RT GR, etc.)				
Pit or Below-grade Tank Application	or Closure					
Pit Type Depth of Groun		earest fresh water well	Distance from	n nearest surface water		
				i ilearest surface water		
Pit Liner Thickness mil	Below-Grade Tank: Volume	bbis; Construc	tion Material			
12. Chec	k Appropriate Box to Indicate Nat	ture of Notice, Repo	ort, or Other Data			
NOTICE OF INT	ENTION TO:		SUBSEQUENT RE	PORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	NG OPNS.	NS. PLUG & ABANDONMENT			
PULL OR ALTER CASING				1 200 d / lb/ li to o i i il ci i		
	Multiple Completion CASING TEST AND CEMENT JOB					
OTHER:		OTHER: Casing	Integrity Test		X	
Describe Proposed or Completed Opproposed work) SEE RULE 1103.	erations (Clearly state all pertinent de For Multiple Completions: Attach w					
Date: 09/10/2015						
Pressure Readings: Initial – 580 PSI	Ending – 560 PSI					
Length of test: 30 minutes						
Witnessed: NO						
I hereby certify that the information above is	true and complete to the best of my knowl	ledge and belief. I furthe	r certify that any pit or below	grade tank has been/will be		
constructed or		_				
closed according to NMOCD guidelines	, a general permit		ternative OCD-approved			
SIGNATURE Mond	a Johnson	plan TITLE Adminis	strative Associate	DATE 10/07/2015		
TYPE OR PRINT NAME Mendy A. J	onnson (E-mail address:	mendy johnson@o		PHONE NO. 806-592-6280		
For State Use Only	Pillan address.	mency joinson@o	ALIVOIII TEELI	300-372-0200		
12 . 1	Somamah		100 0	101.	1	
APPROVED BY	mah	_ TITLE	telf Manag	DATE TUIS	15	
CONDITIONS OF APPROVAL IF ANY:						

OC7 2 0 2015

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