State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	
<u>DISTRICT I</u> 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis DS OCI	WELL API NO. 30-025-07578
DISTRICT II		5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210	MAR 0 7 2016	STATE FEE X
DISTRICT III	2 2010	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410	DECENTER	4
SUNDRY N	OTICES 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		North Hobbs (G/SA) Unit
	"APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	Section 34
1. Type of Well: Oil Well		8. Well No. 221
Name of Operator Occidental Permian Ltd.	✓	9. OGRID No. 157984
3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, 7	X 79323	
4. Well Location		
Unit Letter F : 1980 Feet From The North Line and 1700 Feet From The West Line		
Section 34	Township 18-S Range 38-1 11. Elevation (Show whether DF, RKB, RT GR, etc.)	E NMPM Lea County
	3625' 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		
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.		
Run MI test to gain extension on temporary abandoned status.		
Condition of Approval: notify		
OCD Hobbs office 24 hours		
	prior of ru	nning MIT Test & Chart
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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 DATE 03/04/2016		
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 Y WILL STOWN TITLE DIST SUPERVISOR DATE 3/7/2016		
CONDITIONS OF APPROVAL IF ANY:		
COMDITIONS OF AFFICOVAL II ANT.	M .	

NO PRODREPORTED - 189 MONTHS MAR 08 2016 W