

**HOBBS OCD**State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**MAY 16 2016****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

**RECEIVED**

WELL API NO. 30-025-05477
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
8. Well No. 111
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> <u>990</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3685'DF	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Casing integrity test</u> <input checked="" type="checkbox"/>

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: 04/15/2016

Pressure readings: Initial - 600 PSI Ending 595 PSI

Length of test: 32 minutes

Witnessed: YES - George Bowers w/NMOCD

**HOBBS OCD****MAY 16 2016****RECEIVED**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 ☐ GBSIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 05/11/2016  
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 B. L. Semanah TITLE Staff Manager DATE 5-24-16

CONDITIONS OF APPROVAL IF ANY:

**FOR RECORD ONLY**



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