## HOBBS OCD

State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department AUG 1 1 2016 Revised 5-27-2004 FILE IN TRIPLICATE OIL CONSERVATION DIVISION WELL API NO. **DISTRICT I** 1220 South St. Francis Dr. 1625 N. French Dr., Hobbs, NM 88240 30-025-25020 Santa Fe, NM 87505 5. Indicate Type of Lease DISTRICT II STATE X 1301 W. Grand Ave, Artesia, NM 88210 FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd, Aztec, NM 87410 SUNDRY NOTICES 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) Section 14 1. Type of Well: 8. Well No. 441 A Oil Well Gas Well Other Temporarily Abandoned 9. OGRID No. 2. Name of Operator 157984 Occidental Permian Ltd. 3. Address of Operator 10. Pool name or Wildcat Hobbs (G/SA) HCR 1 Box 90 Denver City, TX 79323 4. Well Location Unit Letter P Feet From The Feet From The Line 660 South 660 Section 14 Range **NMPM** 18-S 37-E County 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3678' 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 Below-Grade Tank: Volume bbls: Construction Material Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 12. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG & ABANDONMENT PULL OR ALTER CASING Multiple Completion** CASING TEST AND CEMENT JOB OTHER: OTHER: TA Status Extension 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 running MIT Test & Chart

I hereby certify that the information above is true and complete to the best of my knowledge constructed or closed according to NMOCD guidelines a general permit SIGNATURE  TYPE OR PRINT NAME Mendy A. Johnson E-mail address:	or an (attached) alternative OCD-approved plan
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