Energy, Minerals and Natural Resources Department

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	ATION DIVISION St. Francis Dr. NM 87505 WELL API NO 30-025-07359
DISTRICT II JUL 2 5 2011	5 Indicate Type of Lease
1301 W Grand Ave, Artesia, NM 88210	STATE FEE X
DISTRICT III	6 State Oil & Gas Lease No
1000 R10 Brazos Rd, Aztec, NM 87410 RECEIVED	
SUNDRY NOTICES AND REPORTS ON WE	7 Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-	101) for such proposals) Section 19
1 Type of Well 8 Well No 211 Oil Well Gas Well Other Temporarily Abandoned	
2 Name of Operator	9. OGRID No 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 C 1309 Feet From The North	2310 Feet From The West Line
Section 19 Township 18-S	Range 38-E NMPM Lea County
11 Elevation (Show whether DF, R 3651' GL	KB, RT GR, etc)
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	
	ature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:
	COMMENCE DRILLING OPNS.
PULL OR ALTER CASING Multiple Completion	
OTHER	OTHER: Casing Integrity Test/TA Status Request X
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.	
Test date: 07/20/2011	
Pressure readings: Initial – 560 PSI, 15 min – 560 PSI, 30 min - 550 P	SI
Length of test. 30 minutes Thi	si s Approval of Temporary andonment Expires
Witnessed: Yes – Mark Whitaker w/NMOCD	
CIBP set @4100'	۰.۵
Top perf @4143'	
I hereby certify that the information above is true and complete to the best of my know	vledge 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 approximation	TITLE Administrative Associate DATE 07/22/2011
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	
CONDITIONS OF APPROVAL IF ANY	•
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	R.

Form C-103 Revised 5-27-2004

State of New Mexico

