State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-200

Section Pit or Below-grade Tank Application Pit Or Below-grade Tank Application Or Closure Distance from nearest surface water Pit Lang Distance from near	FILE IN TRIPLICATE	MADDO-ACE ANGEDY	TION DIVICION		Revised 5-27-2004	
Modern Procedure Hobbs Not 82340				WELL ADINO	 1	
STATE STATE			= :: : : : : : : : : : : : : : : : : :			
DSTRUCT.III 1008 Ro Binnow Rd, Auter, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS SUNDRY NOTICES AND REPORTS ON WELLS ON NOT LISE THIS FORM FOR PROFESSAS TO DRILL OR TO DEEPELS OF PLUE BACK TO A DIFFERENT RISENVOIL US. APPLICATION FOR PREMIT ("Bent "Off) for such proposals) Tops of Well On well Gas well Other Injector Occidental Permian Ltd. 3 Address of Operator Occidental Permian Ltd. 3 Address of Operator HCR 1 Roy 90 Denver City, IX 79923 Well Lesation Unit Letter H 1980 Fest from The North 635 Fest from The East Line Section 9 Township 18-S Range 38-E NMPM Les County 11 Evention (Show whether DF, RKB, RT GR, etc.) 3612 KB Pit or Below-grade Tank Application or Closure Pit Type Depth of Ground Water or Distance from nearest fresh water well 12. NOTICE OF INTENTION TO. PERFORM REMEDIAL WORK DEFINED TO THE NOTION TO. PERFORM REMEDIAL WORK DEFINED TO THE NOTION TO. PERFORM REMEDIAL WORK DEFINED TO THE NOTION TO. PULL OR ALTER CASING Multiple Completion Control Program Manual 1. Pull equipment. 3. Notify MNOCD of pressure lest. 1. For Oil Conservation Division The Oil Conservation Division MUST BE NOTIFED 24 Hours Port of the beginning of operations Condition of Approval: notify OCD Hobbs office 24 hours Private the beginning of operations In the State of the State of St	DISTRICT II	UCI & 8 ZUII		5 Indicate Type of Lease		
NOTICE OF INTENTION TO. PLUG AND REPORT SON WELLS	1301 W Grand Ave, Artesia, NM 88210			STATE X	FEE (
SUNDRY NOTICES AND REPORTS ON WELLS 7 Least Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS 7 Least Name or Unit Agreement Name South Hobbs (G/SA) Unit Unit Agreement Name South Hobbs (G/SA) Unit Unit Name of Operator South Hobbs (G/SA) Unit Name of Operat	DISTRICT III	RECEIVED		6 State Oil & Gas Lease No		
DD NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE APPTICATION FOR FERMIT (Form C-101) for such proposals) 1 Type of Well 2 Name of Operator Oil Well 3 Mell No 172 2 Name of Operator Oil Well 3 Address of Operator HCR I Box 90 Dever City, TX 79323 4 Well Location Unit Letter II 1980 Feet From The North Section 9 Township 18-S Range 38-E NMPM Lea County 1 I Elevation (Show whether DF, RKB, RT GK, rtc) 3612 ' KB Pit or Below-grade Tank Application Or Closure Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness mil Below-Grade Tank: Volume bibs; Construction Material 1 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING OTHER Tubing leak repair 1 Describe Proposed or Completed Oper proposed work) SEE RULE 103 F Pull capitagement. 2 Locate leak. 3 Perform repairs as required. 4 Run back in hole with equipment Short of the uppermost injection Control Program Manual 11 6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. Prior to the beginning of Operations Condition of Approval: notify OCD Hobbs office 24 hours Prior to the beginning of Operations I TILE Administrative Associate DATE 1027/2011 TYPE OR RRINT NAME Mendy A Juryon Email address: mend Jury Jury Bandson TELEPHONE NO 806-592-6280	1000 Rio Brazos Rd, Aztec, NM 87410					
DIFFERINT RESERVOIR LISE "APPLICATION FOR PERMIT" (Form C-101) for such proposals) 1 Type of Well	SUNDRY NOTICES AND REPORTS ON WELLS			7 Lease Name or Unit Agreer	ment Name	
2 Name of Operator Occidental Permian Ltd. 3 Address of Operator HICR I Box 90 Deniver City, TX 79323 4 Well Location Unit Letter H 1980 Feet From The North 635 Feet From The East Line Section 9 Township IR-S Range 38-E NMFM Lea County 31612* KB Pri or Below-grade Tank Application Or Closure Depth of Ground Water Distance from nearest fresh water well Distance from nearest surface water Prit Liner Thickness mil Below-Grade Tank: Volume bibls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK DISTANCE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT TEMPORARILY ABANDON HANGE PLANS OTHER: 13. Describe Proposed or Completed Oper- proposed work) SEE RULE 1103 F Per Underground Injection Control Program Manual 11. 6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations 1 hereby cently that the individual material plan. 1 hereby cently that the individual of operations 1 hereby cently that the individual of the plan of the pl				South Hobbs (G/SA) Unit		
2 State of Operator Occidental Permian Ltd. 3 Address of Operator HCR I Box 90 Denver City, TX 79323 4 Well Location Unit Letter H 1980 Feet From The North 635 Feet From The East Line Section 9 Township 18-S Range 38-E NMFM Lea Courty 11 Elevation (Ohow whether DF, RKB, RT GR, etc.) 3012 KB 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 bibls; Construction Material 12. Clack Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: PULL OR ALTERING CASING OTHER Tubing leak repair 13 Describe Proposed or Completed Oper proposed work) SEE RULE 1103 F Per Underground Injection Control Program Manual 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection porfs or open hole. The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations The Oil Conservation Division August Benefit on the Indicate Nature of Notice Propriet of Withhing MTT Test & Chart constituted or control Program Manual 1.6 C Packer shall be set within or less than 100 feet of the uppermost injection porfs or open hole. The Oil Conservation Division August Approval in the Indicate Nature of Notice Described in the Indicate Nature of Notice De		Gas Well Other In	ector	8 Well No 172		
3. Address of Operator HCR I Box 90 Denver City, TX 79323 4. Well Lucation Unit Letter H 1980 Peet From The North 635 Feet From The East Line Section 9 Township 18-S Range 38-E NMPM Lea County 11 Elevation (Show whether DF, RKB, RT GR, etc.) 3612 KB Pit or Below-grade Tank Application or Closure 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 OTHER: Tubing leak repair 13. Describe Proposed or Completed Oper- proposed work) SEE RULE 1103 F 14. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment So. Notify NMOCD of pressure test. 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations 1. Proving the prior to the beginning of operations 1. Prior to the beginning of operations 1. Prior to the beginning of operations 1. Administrative Associate DATE 10/27/2011 1. TYPE OR PRINT NAME Mendy A Joulson Approved on TITLE Administrative Associate DATE 10/27/2011 1. TYPE OR PRINT NAME Mendy A Joulson Approved DATY DATY OATY OATY OATY OATY OATY OATY OATY O	2 Name of Operator	/ -		9 OGRID No 157984		
HCR I Box 90 Denver City, TX 79323 4 Well Location Unit Leter H 1980 Feet From The North 635 Feet From The East Line Section 9 Township 18-S Range 38-E NMPM Lea County 11 Elevation (Show whether DF, RRB, RT GR, etc.) 3612* KB 12 Pit or Below-grade Tank Application or Closure Distance from nearest fresh water well Distance from nearest surface water 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 bibls; Construction Material 12				10 Pool name or Wildcat	Hobbs (G/SA)	
Well Location Unit Letter H 1980 Feet From The North 635 Feet From The East Line		79323				
Section 9 Township 18-S Range 38-E NMPM Lea County 11 Elevation (Show whether DF, RKB, 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 Type Depth of Ground Water Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness mil Below-Grade Tank: Volume bibls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT OTHER: Tothing leak repair 13. Describe Proposed or Completed Oper- proposed work) SEE RULE 1103 F Per Underground Injection Control Program Manual 11. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment 15. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations Thereby certify that the information above is rise and complete to the best of my knowledge and belief I further certify that the information above is rise and complete to the best of my knowledge and belief I further certified in the information above is rise and complete to the best of my knowledge and belief I further certified in the information above is rise and complete to the best of my knowledge and belief I further certified in the information above is rise and complete to the best of my knowledge and belief I further certified in the information above is rise and complete to the best of my knowledge and belief I further certified in the information above is rise and complete to the best of my knowledge and belief I further certified in the information above is rise and complete to the best of my knowledge and belief I further certified in the information above is rise and complete to the best of my knowledge and belief I further certified in the information of the properties of the informati	Unit Letter H 1980	Feet From The North	_635 Fee	t From The East	Line	
Pit or Below-grade Tank Application or Closure Distance from nearest fresh water well Distance from nearest surface water 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	Section 9	Township 18-S	Range 38-F	E NMPM	Lea County	
Pit Type Depth of Ground Water Distance from nearest fresh water well Distance from nearest surface water		/// /	(B, RT GR, etc)			
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.						
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK					urface water	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK	Pit Liner Thickness mil	Below-Grade Tank: Volume	bbls; Construction Ma	terial		
PERFORM REMEDIAL WORK		• • •			·C·	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT PULL OR ALTER CASING Multiple Completion To The Complete Completed Oper proposed work) SEE RULE 1103 F 1. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certifier or an (attached) alternative OCD-approved plan SIGNATURE TYPE OR PRINT NAME Mendy A. Jahukon CASING TEST AND CEMENT JOB OTHER: OTHE	NOTICE OF INT					
OTHER: Tubing leak repair 13. Describe Proposed or Completed Oper- proposed work) SEE RULE 1103 F 1. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment. 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certified or an (attached) alternative OCD-approved plan SIGNATURE TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy johnson@oxy.com TELEPHONE NO 806-592-6280 TITLE STAMAN MAR DATE DATE OF STATE OF STA	PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	G CASING	
OTHER: Tubing leak repair I3. Describe Proposed or Completed Oper proposed work) SEE RULE 1103 F I. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment. 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certification of Tubining MITT Fest & Chart constructed or closed according to NMOCD guidelines SIGNATURE TYPE OR PRINT NAME Mendy A. Julipson For State Use Only APPROVED BY TITLE SAMM MAGE DATE DATE DATE DATE DATE DATE DATE DAT	TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	NS. PLUG & /	ABANDONMENT	
13. Describe Proposed or Completed Oper proposed work) SEE RULE 1103 F 1. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment. 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further ception of Tunnting WITT Test & Chart Or an (attached) alternative OCD-approved SIGNATURE TYPE OR PRINT NAME Mendy A. Julyson E-mail address: mendy johnson@oxy com TELEPHONE NO 806-592-6280 TITLE STAAT MARE DATE DATE DATE DATE DATE DATE DATE DAT	PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	IT JOB		
13. Describe Proposed or Completed Oper proposed work) SEE RULE 1103 F 1. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment. 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further ception of Tunning WITT Test as Chart constructed or closed according to NMOCD guidelines SIGNATURE TYPE OR PRINT NAME Mendy A. Juluson Per Underground Injection Control Program Manual 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. Condition of Approval: notify OCD Hobbs office 24 hours OCD Hobbs office 24 hours OCD Hobbs office 24 hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further ception of Tunning WITT Test as Chart or an (attached) alternative OCD-approved plan SIGNATURE TYPE OR PRINT NAME Mendy A. Juluson E-mail address: mendy johnson@oxy com TELEPHONE NO 806-592-6280 For State Use Only APPROVED BY TITLE STATA M. A. D.	OTHER: Tubing leak repair	X	OTHER:			
proposed work) SEE RULE 1103 F 1. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certify that the information above is true and complete to the best of my knowledge and belief I further certify that the information above is true and complete to the best of my knowledge and belief I further certify that the information above is true and complete to the best of my knowledge and belief I further certify that the information above is true and complete to the best of my knowledge and belief I further certify that the information above is true and complete to the best of my knowledge and belief I further certify that the information above is true and complete to the best of my knowledge and belief I further certification of Approval: notify OCD Hobbs office 24 hours I further certify that the information above is true and complete to the best of my knowledge and belief I further certification of Turnham MTT Test of Chart constructed or closed according to NMOCD guidelines and complete to the best of my knowledge and belief I further certification of Approval: notify OCD Hobbs office 24 hours For State Use Only APPROVED BY TITLE Administrative Associate DATE 10/27/2011 TYPE OR PRINT NAME Mendy A. July Solvential address: mendy johnson@oxy.com TELEPHONE NO 806-592-6280				'_''ng estimated date of	starting any	
1. Pull equipment. 2. Locate leak. 3. Perform repairs as required. 4. Run back in hole with equipment 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information above is true and complete to the best of my knowledge and beheff I further certifying with the information and the information above is true and complete to the best of my knowledge and beheff I further certifying with the information				10	starting any	
11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole. 11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.	FF		n Control Program Mar	nual .		
feet of the uppermost injection perfs or open hole. Run back in hole with equipment Notify NMOCD of pressure test. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certified or closed according to NMOCD guidelines Agencial permit or an (attached) alternative OCD-approved plan SIGNATURE TYPE OR PRINT NAME Mendy A. Juhnson E-mail address: mendy johnson@oxy com TELEPHONE NO 806-592-6280 TITLE STARM MAG DATE 3/-20-41						
4. Run back in hole with equipment 5. Notify NMOCD of pressure test. 6. Return well to injection The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certificity and purpose of the constructed or closed according to NMOCD guidelines SIGNATURE SIGNATURE TYPE OR PRINT NAME Mendy A. Johnson For State Use Only APPROVED BY TITLE TITLE TITLE THE STAFF MAGE DATE 10/27/2011 DATE 0-25/-2010						
The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations Thereby certify that the information above is true and complete to the best of my knowledge and belief I further certify that the information above is true and complete to the best of my knowledge and belief I further certify that are publishing wift the constructed or closed according to NMOCD guidelines Administrative Associate DATE 10/27/2011 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 TITLE STARM MAGE DATE 0-31-70 M			otion porto or oporriion			
The Oil Conservation Division MUST BE NOTIFIED 24 Hours Prior to the beginning of operations Thereby certify that the information above is true and complete to the best of my knowledge and belief I further certifichal art constructed or closed according to NMOCD guidelines a general permit or an (attached) alternative OCD-approved plan SIGNATURE 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 TITLE START MAST DATE OATS J-Zour				,		
MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information above is true and complete to the best of my knowledge and belief. I further certification at the information at the information above is true and complete to the best of my knowledge and belief. I further certification at the information at the informat			- , -			
MUST BE NOTIFIED 24 Hours Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certificate and put of the constructed or closed according to NMOCD guidelines. A general permit or an (attached) alternative OCD-approved plan TITLE Administrative Associate DATE 10/27/2011 TYPE OR PRINT NAME Mendy A. Juhnson E-mail address: mendy johnson@oxy.com TELEPHONE NO 806-592-6280 For State Use Only APPROVED BY TITLE STARM MGT DATE 31-20.11	The Oil Conservation	Division				
Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certificities are put or believe that the information above is true and complete to the best of my knowledge and belief. I further certificities are put or believe that the information above is true and complete to the best of my knowledge and belief. I further certificities are put or believe that the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the information above is true and complete to the best of my knowledge and belief. I further certificities are put of the prior of running with the put of	Condition of Approval: notify					
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan SIGNATURE	OCD Habba office 74 hours					
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan SIGNATURE	I hereby certify that the information above is	operations	ledge and belief I further certifize	that any put or below graderank	The breakwaither	
SIGNATURE Plan Pla	constructed or	true and complete to the best of my know		OI OF FRIHING MITT	Cot of Chart	
SIGNATURE SIGNATURE Concept	1 1 1 11 11 11 11 11 11 11 11 11 11 11		_	· · · · · · · · · · · · · · · · · · ·	1	
APPROVED BY TITLE STAFF MATE DATE 0-31-2011	closed according to NMOCD guidelines		or an (attached) alternative	· · · · · · · · · · · · · · · · · · ·		
APPROVED BY DATE OF DA	γ_{γ}		or an (attached) alternative plan	e OCD-approved		
	SIGNATURE Mend	, a general permit	or an (attached) alternative plan Administrative	Associate DAT	E 10/27/2011	
CONDITIONS OF APPROVAL IF ANY	SIGNATURE TYPE OR PRINT NAME Mendy A. J.	, a general permit	or an (attached) alternative plan Administrative	Associate DAT	E 10/27/2011	
	SIGNATURE TYPE OR PRINT NAME Mendy A. J For State Use Only	, a general permit	or an (attached) alternative plan TITLE Administrative mendy johnson@oxy com	Associate DAT TELEPHONE NO	E 10/27/2011 806-592-6280	