State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	HOBBS (OCD CONSERVA	ATION DIVISION		nonsed's 27 dec 7
DISTRICT I 1625 N French Dr , Hobbs, NM 88240	1220 South St. Francis Dr.		WELL API NO 30-025-28984	
<u>DISTRICT II</u>	OCT 2 8 2011		5 Indicate Type of Lease	
1301 W Grand Ave, Artesia, NM 88210			STATE 6 State Oil & Gas Lease No	FEE X
DISTRICT III 1000 R10 Brazos Rd, Aztec, NM 87410	RECEIVED		o State Oil & Gas Lease 140	
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 DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals)			South Hobbs (G/SA) Unit	
1 Type of Well Oil Well	Gas Well Other In	ector	8 Well No 193	
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, T	X 79323			
4 Well Location				
Unit Letter P 945	Feet From The South	Fe	eet From The East	- Line
Section 5	Township 19-S	Range 38-	E NMPM	Lea County
	11 Elevation (Show whether DF, Ri 3617' KB	(B, RT GR, etc)		
Pit or Below-grade Tank Application	or Closure			
Pit Type Depth of Grou		earest fresh water well	Distance from nearest su	ırface water
Pit Liner Thickness mil		bbls; Construction M	aterial	
12. Che NOTICE OF IN	ck Appropriate Box to Indicate Na TENTION TO:	ture of Notice, Report, or SUE	Other Data SSEQUENT REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS PLUG & A	ABANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEME	NT JOB	
OTHER: Repair tubing leak	X	OTHER.		
13. Describe Proposed or Completed (<u> </u>	g estimated date of s	starting any
proposed work) SEE RULE 110	3. Fo Per Underground Injecti	on Control Program M	n or recompletion.	
1. Pull equipment. 11.6 C Packer shall be set within or less than 100				
2. Locate leak. feet of the uppermost injection perfs or open hole.				
3. Perform repairs as required.4 Run back in hole with equipn	nent			
Notify NMOCD of pressure t				
6. Return well to injection		V	Condition of Appro-	val: notify
The Oil Conservation Division OCD Hobbs office 24 hours				
MUST BE NOTIFIED	24 Hours			
Prior to the beginning of		p	rior of running MIT	Test of Chair
I hereby certify that the information above		ledge and belief I further certif	y that any pit or below-grade tank l	nas been/will be
constructed or closed according to NMOCD guidelin	, a general permit	or an (attached) alternati	ve OCD-approved	
SIGNATURE MENO	y Cl Sohroon	TITLE Administrativ	e Associate DAT	E 10/27/2011
TYPE OR PRINT NAME Mendy A	Johnson F-mail address:	mendy_johnson@oxy.com	m TELEPHONE NO	806-592-6280
For State Use Only	7//	(/		/. 7
APPROVED BY	alu _	TITLE STAFF	DA DA	15/0 <u>-7-2011</u>
CONDITIONS OF APPROVAL IF ANY				