State of New Mexico Energy, Minerals and Natural Resources Department

		`		Revised 5-27-2004
FILE IN TRIPLICATE	HOBBSOCCONSERV.			<u> </u>
DISTRICT I 1625 N French Dr , Hobbs, NM 88240		St. Francis Dr. NM 87505	WELL API NO 30-025-05468	
DISTRICT II	DEC 1 0 2011		5 Indicate Type of Lease	
1301 W Grand Ave, Artesia, NM 88210			STATE X	FEE
DISTRICT III 1000 R10 Brazos Rd, Aztec, NM 87410	RECEIVED		6 State Oil & Gas Lease No	
SUNDRY NOT	FICES AND REPORTS ON WE	LLS	7 Lease Name or Unit Agreem	ent 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)			North Hobbs (G/SA) Unit Section 23	
I Type of Well [.] Oil Well	Gas Well Other To	emporarily Abandoned	8 Well No 412	
2 Name of Operator Occidental Permian Ltd.		·····	9 OGRID No 157984	
3 Address of Operator	a de la constante de		10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX	79323			
4 Well Location		–		
Unit Letter A 990	Feet From The North	<u>760</u> Fee	t From The East	Line
Section 23	Township 18-S	Range 37-I	E NMPM	Lea County
	11 Elevation (Show whether DF, R 3670' 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-Orade Tank: Volume		licitat	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
	CHANGE PLANS	COMMENCE DRILLING OP		
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN		
				· X
OTHER			rity Test/TA Status Request	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE <u>RULE 1103</u>. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 				
Test Date: 12/7/2011				
Pressure readings Initial – 540 PSI, 15 min – 535 PSI; 30 min – 530 PSI				
Length of test: 30 minutes This Approval of Temporary -7-2012.				
Witnessed: Yes – Mark Whitaker w/N	MOCD	idennient Expires ;		
CIBP set @3953' Top perf @3990'				
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				
SIGNATURE MENDY CARACTER TITLE Administrative Associate DATE 12/12/2011				
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO 806-592-6280				
For State Use Only	~ / _	<u> </u>		
APPROVED BY	the	_ TITLE STAFF	MQZ DAT	1 <u>2-13-2011</u>
CONDITIONS OF APPROVAL IF ANY				,
			1	1

DEC 1 4 2011

Form C-103

