

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I
1625 N French Dr., Hobbs, NM 88240

DISTRICT II
1301 W Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBS OGD **OIL CONSERVATION DIVISION**

1220 South St. Francis Dr.
Santa Fe, NM 87505

JAN 11 2012

RECEIVED

WELL API NO 30-025-07504

5 Indicate Type of Lease
STATE ☒ FEE ☐

6 State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit Section 30

8 Well No 242

9 OGRID 15/984

10 Pool name or Wildcat Hobbs (G/SA)

SUNDRY NOTICES AND REPORTS ON WELLS
(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)

1. Type of Well
Oil Well ☐ Gas Well ☐ Other Injection

2 Name of Operator
Occidental Permian Ltd.

3 Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4 Well Location
Unit Letter N 200 Feet From The South 1400 Feet From The West Line
Section 30 Township 18-S Range 38-E NMPM Lea County

11 Elevation (Show whether DF, RKB, RT GR, etc)
3662' 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 _____ 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER <u>Casing integrity test</u> <input checked="" type="checkbox"/>	

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. 01/04/2012

Pressure readings: Initial - 560 PSI; 15 min - 545, 30 min - 525 PSI

Length of test: 30 minutes

Witnessed. No

Packer @3974'
Top Perf @4093'

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

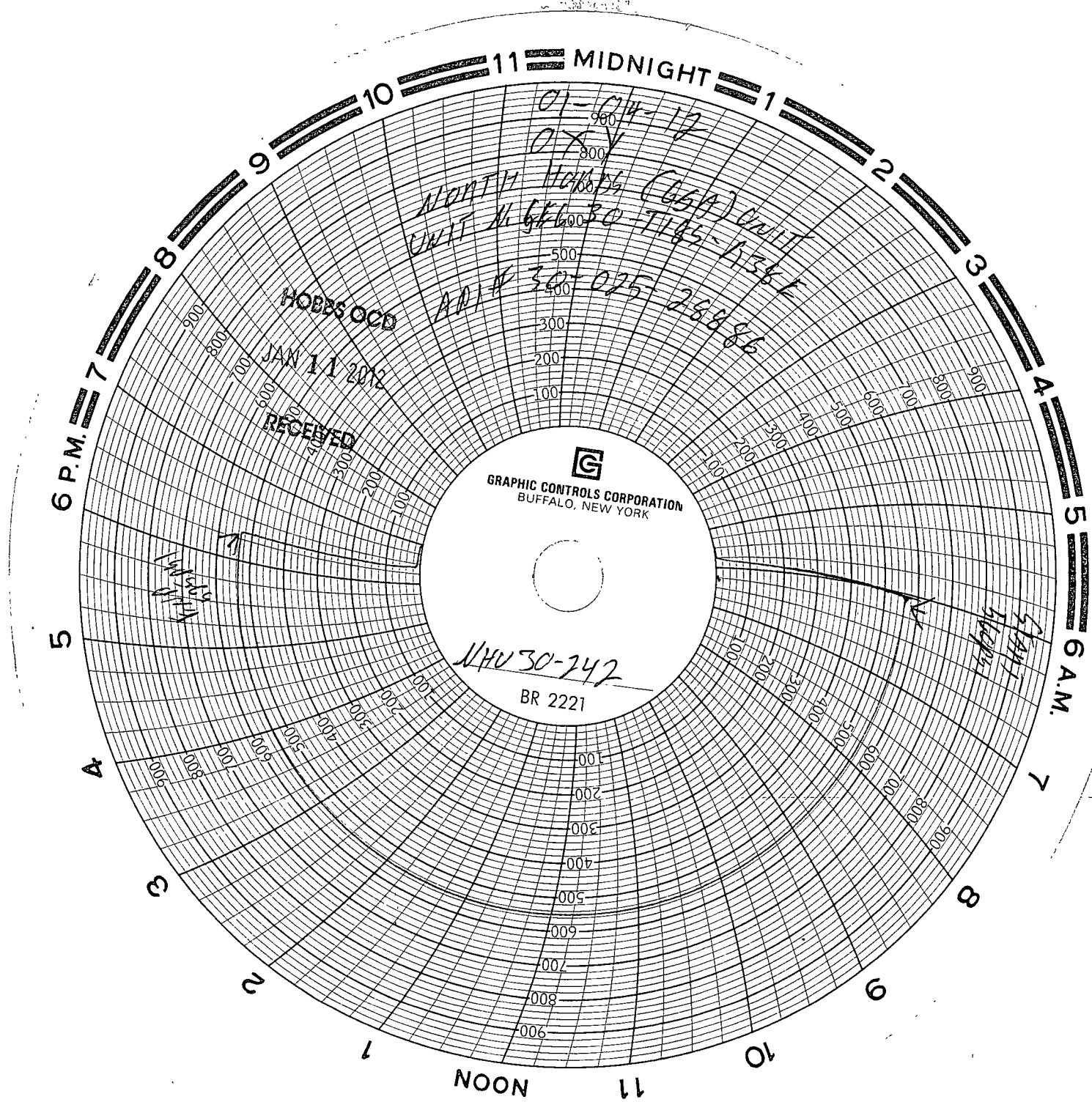
closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 01/10/2012
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 [Signature] TITLE State Manager DATE 1-12-20
CONDITIONS OF APPROVAL IF ANY

JAN 23 2012



01-04-12
OXV

NORTH HOBBS (664) UNIT
UNIT N. 65630-742-1361

HOBBS OGD

JAN 11 2012

RECEIVED

1140 30-742

BR 2221

1140 30-742

1140 30-742