State of New Mexico Energy, Minerals and Natural Resources Department

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CONDITIONS OF APPROVAL IF ANY

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	HOBBSOLLCONSER	VATION DIVISION		Revised 5-27-2004	
DISTRICT I	HOBBS OCD 1220 Sou	th St. Francis Dr.	WEEL ATTIC		
1625 N French Dr , Hobbs, NM 88240		e, NM 87505	30-025-07364		
DISTRICT II	FEB <b>2 4</b> 2012		5 Indicate Type of Lease		
1301 W Grand Ave, Artesia, NM 88210			STATE 6 State Oil & Gas Lease N	FEE X	
<u>DISTRICT III</u> 1000 R10 Brazos Rd, Aztec, NM 87410	RECEIVED		6 State Off & Gas Lease N	0.	
	TICES AND REPORTS ON W	/FLLS	7 Lease Name or Unit Agr	eement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				North Hobbs (G/SA) Unit	
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals )				Section 19	
1 Type of Well			8 Well No	/	
Oil Well	Gas Well Other	Temporarily Abandoned	241		
2 Name of Operator			9 OGRID No 157984		
Occidental Permian Ltd.					
3 Address of Operator	70323		10 Pool name or Wildcat	Hobbs (G/SA)	
HCR 1 Box 90 Denver City, TX 79323					
Unit Letter N 330	Feet From The South	2310	Feet From The West	Line	
	Bodui			—	
Section 19	Township 18-S		B-E NMPM	Lea County	
	11 Elevation (Show whether DF, 3661' 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 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:					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG & ABANDONMENT					
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB					
OTHER Failed MIT test/Casing rep	pair X	OTHER.			
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					
1 Dull continue of					
<ol> <li>Pull equipment.</li> <li>Locate leak.</li> </ol>					
3. Perform repairs as required. Condition of Approval: notify					
4. Notify NMOCD of pressure test.					
5. Run equipment. OCD Hobbs office 24 hours					
prior of running MIT Test & Chart					
The Oil Conservation	<b>D' ' '</b>	Prior of runt			
MUST BE NOTIFIED 24 Hours					
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 to the beginning of operations					
closed according to NMOCD guidelines	, a general permit	or an (attached) alternat			
1		plan		<u> </u>	
SIGNATURE I NENCLY	UStroop	J TITLE Administrati	ve Associate .DA	ATE 02/23/2012	
TYPE OR PRINT NAME Mendy A. J	hnson E-mail address.	mendy_johnson@oxy co			
For State Use Only		_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
APPROVED BY	shi	TITLE STA	HAR I	ATE2-27-2012	
AFFROVED BY					

FEB 2 8 2012