State of New Mexico Energy, Minerals and Natural Resources Department

FILE IN TRIPLICATE	CONSERVATION DIVISION	Revised 5-27-2004
	1220 South St. Francis Dr.	WELL API NO
DISTRICT I 1625 N French Dr , Hobbs, NM 88240 DISTRICT II	Santa Fe, NM 87505	30-025-05539
DISTRICT		5 Indicate Type of Lease
1301 W Grand Ave, Artesia, NM 88210		STATE X FEE   6 State Oil & Gas Lease No
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		o State Off & Gas Lease 140
SUNDRY NOTICES AND REPO	ORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL		North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR USE "APPLICATION FOR PE	RMIT" (Form C-101) for such proposals.)	36 8 Well No. 411
1 Type of Well Oil Well Gas Well	Other Injector	8 Well No. 411
2 Name of Operator	- Contect Infector	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, TX 79323		HOBDS (G/SA)
4. Well Location	. : <u>.</u>	
Unit Letter A 330 Feet From The		et From The East Line
Section 36 Township	18-S Range 37-1	E NMPM Lea County
11. Elevation (Sho	w whether DF, RKB, RT GR, etc )	
3658' GL		
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	c: Volume bbls; Construction Ma	aterial
12. Check Appropriate Box	to Indicate Nature of Notice, Report, or (	Other Data
NOTICE OF INTENTION TO:		
		ALTERING CASING
PULL OR ALTER CASING Multiple Completio		
OTHER.	OTHER: Casing Integ	
13. Describe Proposed or Completed Operations (Clearly stat proposed work) SEE RULE 1103. For Multiple Complete	etions: Attach wellbore diagram of proposed (	completion or recompletion.
Date of test: 10/16/2012		
Test pressures: Initial – 550 PSI; 15 min – 555 PSI; 30 m	in – 560 PSI	
Length of test: 30 minutes		
Witnessed: Yes - Mark Whittaker w/NMOCD		
Packer set @4009'		
Top Perf @4062' I hereby certify that the information above is true and complete to the	a best of my knowledge and ballof. I further set if	that any pit or balow grade tools had had had for the
constructed or		that any pit of below-grade tank has been/Will be
closed according to NMOCD guidelines , a general		e OCD-approved
man HAAR	plan	
SIGNATURE / YUNALY GLAD	TITLE Administrative	Associate DATE 10/23/2012
	nail address: <u>mendy_johnson@oxy.com</u>	TELEPHONE NO 806-592-6280
For State Use Only		
APPROVED BY Jon ale	TITLE DIST.	NGZ DATE 0-29-2012
CONDITIONS OF APPROVAL IF ANY		
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Form C-103

OCT 2 9 2012

