

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

OIL CONSERVATION DIVISION

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

HOBBS OCE
MAY 20 2013
RECEIVED

WELL API NO. 30-025-07633	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit	<input checked="" type="checkbox"/>
8. Well No.	51 <input checked="" type="checkbox"/>
9. OGRID No.	157984
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 TA'd Injection Well

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 : 990 Feet From The South Line and 2310 Feet From The West Line
 Section 5 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
 3623' RDB

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.

Date of Test: 04/23/2013
 Pressure Readings: Initial - 560 PSI; 15 min - 560 PSI; 30 min - 560 PSI
 Length of test: 30 minutes
 Witnessed: NO

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: 05/15/2013
 TYPE OR PRINT NAME: Mendy A. Johnson E-mail address: mendy_johnson@osy.com TELEPHONE NO.: 806-592-6280

For State Use Only
 APPROVED BY: [Signature] TITLE: DIST. MGR DATE: 5-20-2013
 CONDITIONS OF APPROVAL IF ANY: _____

