

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

**MAY 20 2013**

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

DISTRICT II  
 1301 W. Grand Ave, Artesia, NM 88210

**RECEIVED**

DISTRICT III  
 1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-28968	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<input checked="" 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. COOP 9	<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 Injector

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
 Unit Letter D : 717 Feet From The North Line and 651 Feet From The West Line  
 Section 34 Township 18-S Range 38-E NMPM. Lea County

11. Elevation (Show whether DF, RKB, RTGR, etc.)  
3635' 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: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: 04/27/2013  
 Pressure Readings: Initial - 535 PSI; 15 min - 510 PSI; 30 min - 505 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 Mandy A. Johnson TITLE Administrative Associate DATE 05/15/2013  
 TYPE OR PRINT NAME Mandy A. Johnson E-mail address: mandy.johnson@oxy.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:

MAY 29 2013 h

