

HOBBS OCD

MAY 23 2013

RECEIVED

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

OIL CONSERVATION DIVISION

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

|   |
|---|
| WELL API NO.<br>30-025-12765  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>   |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>South Hobbs (G/SA) Unit   |
| 8. Well No. 87  |
| 9. OGRID No. 157984   |
| 10. Pool name or Wildcat Hobbs (G/SA)   |
| 11. Elevation (Show whether DF, RKB, RTGR, etc.)<br>3593; KB  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ |

**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 K : 1650 Feet From The South Line and 2310 Feet From The West Line  
Section 10 Township 19-S Range 38-E NMPM Lea County

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"/> | REMEDIAL WORK <input type="checkbox"/>                                  |
| TEMPORARILY ABANDON <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>                                |
| PULL OR ALTER CASING <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input type="checkbox"/>                        |
| OTHER: _____ <input type="checkbox"/>          | CASING TEST AND CEMENT JOB <input type="checkbox"/>                     |
| PLUG AND ABANDON <input type="checkbox"/>      | OTHER: <u>Casing Integrity Test</u> <input checked="" type="checkbox"/> |
| CHANGE PLANS <input type="checkbox"/>          | PLUG & ABANDONMENT <input type="checkbox"/>                             |
| Multiple Completion <input 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: 05/01/2013

Pressure Readings: Initial - 560 PSI; 15 min - 550 PSI; 30 min - 540 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 05/22/2013  
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 DIST. MGR DATE 5-23-2013  
CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_

MAY 29 2013

