State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103	
Revised 5-27-2004	

FILE IN TRIPLICATE	IL CONSERVATION DIVISI		
DISTRICT I	1220 South St. Francis Dr.	JUL WELL ARI NO. JUL 01 \$9-025-28982	
1625 N. French Dr., Hobbs, NM 88240	Santa Fe, NM 87505	5. Indicate Type of Lease	
DISTRICT II '			
DISTRICT III		6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410			
SUNDRY NOTICES AND	REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO I DIFFERENT RESERVOIR., USE "APPLICATION F			
1. Type of Well: Oil Well X Gas Well	Other	8. Well No. 188	
2. Name of Operator Occidental Permian Ltd.		9. OGRID No. 157984	
3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)	
HCR 1 Box 90 Denver City, TX 79323 4. Well Location			
Unit Letter K : 1493 Feet From 7	The South Line and 1802	Feet From The West Line	
*	nship 19-S Range n (Show whether DF, RKB, RT GR, etc.)	38-E NMPM Lea County	
3616' KB	· · · · · · · · · · · · · · · · · · ·		
Pit or Below-grade Tank Application or Clo	osure		
Pit Type Depth of Ground Water		Distance from nearest surface water	
	e Tank: Volume bbls; Construct		
12. Check Appropriate NOTICE OF INTENTION TO	Box to Indicate Nature of Notice, Rep	ort, or Other Data SUBSEQUENT REPORT OF:	
PULL OR ALTER CASING Multiple Com			
OTHER:		ell bore/TA status request X	
13. Describe Proposed or Completed Operations (Clear proposed work) SEE RULE 1103. For Multiple C			
 RUPU & RU. ND wellhead/NU BOP. 			
3. POOH & lay down ESP equipment. This Approval of Temporary			
 RIH w/bit. Tag @4140'. POOH w/bit. RIH w/CIBP. Set @4050'. Dump bail 4 	saaks (25 faat) of coment on CIPP	Abandonment Expires declaration	
6. RU wire line & tag cement @4003'. RD v			
7. POOH and lay down tubing.			
 ND BOP/NU wellhead. Test casing to 600 PSI for 30 minutes and 	chart for the NMOCD		
10. RDPU & RU. Clean location.	enart for the NMOCD.		
11. Well is TA'd	DIDI 47		
I hereby certify that the information above is true and complete		31/2013 RDPU 06/05/2013	
constructed or			
closed according to NMOCD guidelines , a g	eneral permit or an (attached) al	ternative OCD-approved	
SIGNATURE MANAGE	Sh con	strative Associate DATE 06/26/2013	
TYPE OR PRINT NAME Mendy A Johnson	E-mail address: <u>mendy johnson@c</u>	<u>TELEPHONE NO.</u> 806-592-6280	
For State Use Only			
APPROVED BY	TITLE TITLE	T. MGZ DATE 7-3-201	
CONDITIONS OF APPROVAL IF ANY:		• –	

JUL 0 8 2013

June 20, 2013

Work Plan Report for Well:SHOU-188K05



Survey Viewer

