## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 /Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERV.	ATION DIVISIO	ON	/	Revised 3-27-2004
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL	API NO. 30-025-07409	
DISTRICT II			5. Indi	cate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210				STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			6. State	e Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Leas	se Name or Unit Agreen	nent Name
(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) HOBBS OF SECTION FOR PERMIT (FORM C-101) HOBBS OF SECTION FOR			North Sectio	Hobbs (G/SA) Unit n 27	:
1. Type of Well: Oil Well	/ Gas Well Other Te	In 3 emperative Abandunda	8. Wel	l No. 241	
Name of Operator     Occidental Permian Ltd.	7		9. OGI	RID No. 157984	
3. Address of Operator		RECEIVED	10. Po	ol name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX  4. Well Location	79323	1/20			
Unit Letter N : 330	Feet From The South	1325	Feet From Th	ne West	Line
Section 27	Township 18-S	Range	— 38-Е	NMPM	Lea County
21	11. Elevation (Show whether DF, R.		J 0 L		
	3643'; GL				
Pit or Below-grade Tank Application	or Closure				
Pit Type Depth of Groun				tance from nearest su	urface water
Pit Liner Thickness mil	Below-Grade Tank: Volume	bbis; Constructi	ion Material		
12. Chec	k Appropriate Box to Indicate Na			ata ENT REPORT O	E.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	JUDJEQUE		G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS		ABANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND O			ID/III/DONN/EIVI
<del></del>		OTHER:	SCIVILITY JOB		
				11	
13. Describe Proposed or Completed Opproposed work) SEE RULE 1103.	perations (Clearly state all pertinent during For Multiple Completions: Attach v				starting any
Frebran ,				•	
Run MI test to gain extension on temp	oorary abandoned status.				
	·				
<i>:</i>					
·					
e de la companya de l					
I hereby certify that the information above is	true and complete to the best of my know	ledge and belief. I further	certify that any p	it or below-grade tank l	has been/will be
constructed or closed according to NMOCD guidelines	, a general permit	or an (attached) alte	ernative OCD-a	pproved	]
$\mathcal{T}_{\alpha}$		plan			
SIGNATURE / SUNOY		p.u.i			J
	tigohmu	<b>-</b> '	trative Associa	te DATI	E 02/13/2014
TYPE OR PRINT NAME Mendy A.	7	<b>-</b> '		te DATI	
For State Use Only APPROVED BY	7	TITLE Administ			806-592-6280
For State Use Only	Score E-mail address:	TITLE Administ	xy.com	TELEPHONE NO.	806-592-6280