State of New Mexico . HOBBS OCDEnergy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

DISTRICT I		OIL CONSERV	ATION DIVISION			
1625 N. French Dr., Hobbs, NN	APR 04 2014	1220 South	St. Francis Dr. NM 87505	WELL API NO. 30-025-28544		
DISTRICT II		,		5. Indicate Type of Lease		
1301 W. Grand Ave, Artesia, N	M 882 RECEIVED			STATE	FEE X	
DISTRICT III				6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd, Aztec, NM						
SUN	NDRY NOTICES AND	REPORTS ON WE	LLS	7. Lease Name or Unit Agree	nent Name	
N N N	(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.)				South Hobbs (G/SA) Unit	
1. Type of Well:	JIR. USE "APPLICATION	FOR PERMIT" (Form C-	(01) for such proposals.)	Section 9 8. Well No. 171		
Oil Well	Gas We	Il Other T	emporarily Abandoned	8. Well No. 171		
2. Name of Operator				9. OGRID No. 157984		
Occidental Permian I	Ltd.			10,001		
3. Address of Operator				10. Pool name or Wildcat	Hobbs (G/SA)	
HCR 1 Box 90 Denv	ver City, TX 79323					
	710 Feet From			et From The West	Line	
Section 9		wnship 19-S ion (Show whether DF, Ri	Range 38-1	E NMPM	Lea County	
	3638' DI					
Pit or Below-grade Tank Ap	plication or C	losure				
Pit Type Dep	th of Ground Water	Distance from r	earest fresh water well	Distance from nearest s	urface water	
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.			ture of Notice, Report, or (
, NOTICE	E OF INTENTION T	O:	SUB	SEQUENT REPORT O	F:	
PERFORM REMEDIAL WOR	RK PLUG AND	ABANDON	REMEDIAL WORK		G CASING	
TEMPORARILY ABANDON	CHANGE P	LANS	COMMENCE DRILLING OP	NS. PLUG & /		
PULL OR ALTER CASING	Multiple Co	mpletion	CASING TEST AND CEMEN			
OTHER: TA status exter		·	OTHER:		[]	
			etails, and give pertinent dates		starting any	
proposed work) SEE K	ULE 1103. For Multiple	Completions: Attach v	ellbore diagram of proposed	completion or recompletion.		
Run MI test to gain extensi	on on temporary abando	aned status				
Run MI test to gain extensi	on on temporary abando	ned status.				
Run MI test to gain extensi	on on temporary abando	ned status.				
Run MI test to gain extensi	on on temporary abando	ned status.				
Run MI test to gain extensi	on on temporary abando	ned status.				
Run MI test to gain extensi	on on temporary abando	ned status.				
Run MI test to gain extensi	on on temporary abando	ned status.				
I hereby certify that the informat			ledge and belief. I further certify	that any pit or below-grade tank l	nas been/will be	
I hereby certify that the informat constructed or	tion above is true and comple	ete to the best of my know	–		1as been/will be	
I hereby certify that the informat	tion above is true and comple		or an (attached) alternative		nas been/will be	
Thereby certify that the informat constructed or closed according to NMOCD	tion above is true and comple	ete to the best of my know	or an (attached) alternative	e OCD-approved]	
Thereby certify that the informat constructed or closed according to NMOCD SIGNATURE	tion above is true and comple) guidelines , a	ete to the best of my know general permit	or an (attached) alternative	e OCD-approved	E 04/03/2014	
I hereby certify that the informat constructed or closed according to NMOCD SIGNATURE TYPE OR PRINT NAME	tion above is true and comple	ete to the best of my know	or an (attached) alternative	e OCD-approved	E 04/03/2014	
Thereby certify that the informat constructed or closed according to NMOCD SIGNATURE	tion above is true and comple) guidelines , a	ete to the best of my know general permit	or an (attached) alternative	e OCD-approved	E 04/03/2014	
I hereby certify that the informat constructed or closed according to NMOCD SIGNATURE TYPE OR PRINT NAME	tion above is true and comple) guidelines , a	ete to the best of my know general permit	or an (attached) alternative	e OCD-approved	E 04/03/2014	
I hereby certify that the informat constructed or closed according to NMOCD SIGNATURE TYPE OR PRINT NAME For State Use Only	tion above is true and comple D guidelines , a Aundr A. Johnson Mendr A. Johnson	ete to the best of my know general permit	or an (attached) alternative plan TITLE <u>Administrative</u> mendy_johnson@oxy.com	e OCD-approved	E 04/03/2014	

APR 07 2014