State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

REDMS X

TA BOM

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	1613643 27 2007
DISTRICT I	1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-29444
DISTRICT II 1301 W. Grand Ave, Artesia, NY 822 6 2014 DISTRICT III	,	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		6. State Oil & Gas Lease No.
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (Form C-101) for such proposals.)	South Hobbs (G/SA) Unit
1. Type of Well: Oil Well	Gas Well Other Temporarily Abandoned	8. Well No. 197
Name of Operator Occidental Permian Ltd.		9. OGRID No. 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 7932	23	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location Unit Letter I : 2030 Feet From The South Line and 860 Feet From The West Line		
Section 34	Township 18-S Range 38-1. Elevation (Show whether DF, RKB, RT GR, etc.)	E NMPM Lea County
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	3625' 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 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CH	HANGE PLANS COMMENCE DRILLING OF	PNS. PLUG & ABANDONMENT
PULL OR ALTER CASING Mul	ultiple Completion CASING TEST AND CEME	NT JOB
OTHER:	OTHER: Casing Integr	rity Test/TA Status Request X
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: 12/15/2014		
Pressure readings: Initial – 550 PSI; 15 min – 535 PSI; 30 min – 535 PSI		
Length of test: 30 minutes		· (Temporary /)
Witnessed: NO	This Approva	nt Expires 12/15/2015
CIBP @3909' w/10' cement Top Perf @3988'		
I hereby certify that the information above is true an constructed or	nd complete to the best of my knowledge and belief. I further certify	that any pit or below-grade tank has been/will be
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan		
SIGNATURE MENOLE C	TITLE Administrative	e Associate DATE 12/24/2014
TYPE OR PRINT NAME Mendy ohnson E-mail address: mendy johnson@oxy.com TELEPHONE NO. 806-592-6280		
For State Use Offing Walley Blown 1		
APPROVED BY CONDITIONS OF APPROVAL IF ANY	TITLE COLU.	E-PERMITTING
COMMITTED OF ALL KOVAL II AN II		P&A NR P&A R
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	JAR 07 2015,	CSNG CHG Loc

