State of New Mexico Energy, Minerals and Natural Resources Department

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION	I		
DISTRICT 1 1625 N. French Dr., Hobbs, NM 88240	1220 South	St. Francis Dr. NM 8750508850	WELL API NO.	м.,	
<u>DISTRICT II</u>				· · · · · · · · · · · · · · · · · · ·	
1301 W. Grand Ave, Artesia, NM 88210		JAN 30	STATE X	FEE	
DISTRICT III		JAN 30	6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd, Aztec, NM 87410		-			
SUNDRY NOT	ICES AND REPORTS ON WE	LLS RECE) 7. Lease Name or Unit Agree	ement Name	
(DO NOT USE THIS FORM FOR PRO		OR PLUG BACK TOA	North Hobbs (G/SA) Un	it	
DIFFERENT RESERVOIR. USE "AP	PLICATION FOR PERMIT" (Form C-	101) for such proposals.)	Section 32		
1. Type of Well: Oil Well	Gas Well Other To	emporarily Abandoned	8. Well No. 532	/	
2. Name of Operator Occidental Permian Ltd.			9. OGRID No. 157984		
3. Address of Operator		`	10. Pool name or Wildcat	Hobbs (G/SA)	
HCR I Box 90 Denver City, TX	79323		·····	<u> </u>	
4. Well Location					
Unit Letter \underline{G} : 2310	Feet From The North	Line and <u>1650</u>	Feet From The East	Line	
Section 32	Township 18-S 11. Elevation (Show whether DF, Rights)		38-E NMPM	Lea County	
	3638' GL				
Pit or Below-grade Tank Application	or Closure				
Pit Type Depth of Ground				surface water	
Pit Liner Thickness mil	Below-Grade Tank: Volume	bbls; Construction	Material		
12. Check	Appropriate Box to Indicate Na				
NOTICE OF INTE	INTION TO:	SI SI	JBSEQUENT REPORT O	DF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		IG CASING	
	CHANGE PLANS	COMMENCE DRILLING	OPNS. DLUG &	ABANDONMENT	
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEI			
OTHER: TA status extension reques		OTHER:			
13. Describe Proposed or Completed Open proposed work) SEE RULE 1103. F				'starting any	
Run MI test to gain extension on temp	porary abandoned status	Condit	ion of Approval: notify	y	
OCD Hobbs office 24 hours					
and the second	prior of running MIT Test & Chart				
			inning min 1 lest & Ch	art -	
I hereby certify that the information above is tr	ue and complete to the best of my know	ledge and belief. I further ce	tify that any nit or below-grade tank	has been/will be	
constructed or		_			
closed according to NMOCD guidelines	, a general permit	or an (attached) altern	ative OCD-approved		
Mand	Anhan	plan			
SIGNATURE			tive Associate DA	TE . 01/04/0015	
TYPE OR PRINT NAME Mendy A		TITLE Administra	Ive Associate DA	ГЕ <u>01/24/2015</u>	
	hnson E-mail address:	TITLE Administra			
For State Use Only	Inson E-mail address:	mendy_johnson@oxy.			
For State Use Only	Inson E-mail address:				

Form C-103 Revised 5-27-2004

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