

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.
Santa Fe, NM 87505

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-07508	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 31	<input checked="" type="checkbox"/>
8. Well No. 241	<input checked="" type="checkbox"/>
9. OGRID No. 157984	
10. Pool name or Wildcat	Hobbs (G/SA)

HOBBS OCD
MAR 10 2015
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4. Well Location
Unit Letter N : 990 900 Feet From The South Line and 2310 Feet From The West Line
Section 31 Township 18-S Range 38-E NMPM Lea County Lea

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3638' 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Casing integrity test/TA status request</u> <input checked="" type="checkbox"/>	

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: 02/26/2015

Pressure readings: Initial - 545 PSI; 15 min - 520 PSI; 30 min - 520 PSI

Length of test: 30 minutes

Witnessed: NO

CIBP @3950'
Top perf @4018'

I hereby certify that the information above is true and complete to the best of my knowledge and belief constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan

E-PERMITTING _____ **INT to PA** _____
P&A NR _____ **P&A R** _____
DHC COMP _____
CSNG _____ **CHG Loc** _____
TA P.M. _____ **RBDMS** SAD

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 03/06/2015
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxv.com TELEPHONE NO. 806-592-6280

For State Use Only
APPROVED BY Maley Brown TITLE Dist. Supervisor DATE 3/11/2015
CONDITIONS OF APPROVAL IF ANY _____

151 MONTHS

MAR 12 2015

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jm

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