

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

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

RECEIVED
JUL 10 2015

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector	WELL API NO. 30-025-07526
2. Name of Operator Occidental Permian Ltd.	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>E</u> : <u>1370</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
	8. Well No. <u>112</u>
	9. OGRID No. <u>157984</u>
	10. Pool name or Wildcat <u>Hobbs (G/SA)</u>
11. Elevation (Show whether DF, RKB, RT GR, etc.) <u>3632' GL</u>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Casing Integrity Test</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: 06/01/2015

Pressure Readings: Initial - 570 PSI; Ending - 555 PSI

Length of test: 32 minutes

Witnessed: Yes - George Bowers w/NMOCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 07/08/2015
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY Bel Samanah TITLE Staff Manager DATE 7/14/2015

CONDITIONS OF APPROVAL IF ANY:

JUL 22 2015

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DATE 6/11/12
BR 22221

Wind-Operated
Door-Recorder

Oxy
Dent 100BS G/SA

112
30-025-07526
32-185-384

Chg. Date 5/5/12
Sgt. 5 PM
End 32 min

Bl
7/14/2015

John
Parker

NOON

MIDNIGHT

6 AM