

FILE IN DUPLICATE

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 Ric. Brazos Rd, Aztec, NM 87410

HOBBS OGD
JUL 10 2015

WELL API NO. 30-025-29063
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 30
8. Well No. 112
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

SUNDRY NOTICES AND REPORTS ON WELLS **RECEIVED**
(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 Injector

2. Name of Operator
Occidental Permian Ltd.

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

4. Well Location
Unit letter D : 200 Feet From The North Line and 1310 Feet From The West Line
Section 30 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3657' GR

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</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 - 590 PSI; Ending - 580 PSI
Length of test: 30 minutes
Witness: 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 Biel Lomamah TITLE Staff Manager DATE 7/14/2015
CONDITIONS OF APPROVAL IF ANY:

JUL 23 2015 *h m*

5

7

8

9

10

11

MIDNIGHT

1

2

3

4

6 AM

7

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10

11

NOON

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800

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100

200

300

400

500

600

700

800

900

DATE

6/1/75

BR 2221

Graphic Controls

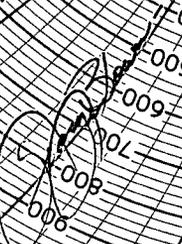


OK
North 12035

6/5/75 11:30-11:20
SW 025-29063

D-30-185-384
Calc. Date - 5/5/75
10000

SW - 590H
SW - 580H
SW - 270H



DMC Dickins

SECRET/5/1/75
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