

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
DISTRICT II  
1301 W. Grand Ave, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-29074
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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.)		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	8. Well No. 422	
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)	
4. Well Location Unit Letter <u>H</u> : <u>1385</u> Feet From The <u>North</u> Line and <u>110</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County		
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3644' GL		
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"/>	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: 06/02/2015

Pressure readings: Initial - 580 PSI; Ending 560 PSI

Length of test: 32 minutes

Witnessed: Yes - George Bower 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 06/11/2015  
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 Samraiah TITLE Staff Manager DATE 7/1/2015

CONDITIONS OF APPROVAL IF ANY:

JUL 23 2015

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Graphic Controls

DATE 6/2/25  
BR 2221

DATE 6/2/25  
BR 2221

QX4 - NORTH HILLS

€ / SA # 423

SA # 42  
30-025-29074  
H-32-185-386

cash. Dr.  
1000 \$  
500 \$  
500 \$

NOON

Done  
(Ankur)