State of New Mexico						
Energy,	Minerals	and	Natural	Resources	Department	

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Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE OIL CONSERVATION DIVISION	
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 1625 N. French Dr., Hobbs, NM 88240 Santa Fe, NM 87505	WELL API NO. 30-025-07672
DISTRICT II	5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210	STATE X FEE
DISTRICT III	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	South Hobbs (G/SA Unit)
1. Type of Well:	8. Well No. 66
Oil Well Gas Well Other Injector	00 /
2. Name of Operator OCT 0 9 2015	9. OGRID No. 157984
Occidental Permian Ltd.	10. Pool name or Wildcat Hobbs (G/SA)
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 D 660 Feet From The North 660 Fee	t From The West Line
Section 10 Township 19-S Range 38-E	E NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3602' 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 Ma	leria
12. Check Appropriate Box to Indicate Nature of Notice, Report, or C NOTICE OF INTENTION TO: SUBS	Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPI	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	
OTHER: OTHER: OTHER: OTHER:	y test X
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed or 	
Date of test: 09/18/2015	
Pressure readings: Initial - 580 PSI Ending 550 PSI	
Length of test: 30 minutes	
Witnessed: NO	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify the constructed or	that any pit or below-grade tank has been/will be
closed according to NMOCD guidelines , a general permit or an (attached) alternative	e OCD-approved
han la plan	
SIGNATURE MUNANY CLAMMANTITLE Administrative	Associate DATE 10/07/2015
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com	
For State Use Only	
APPROVED BY Dill Somamah TITLE Staff	E Manager DATE 10/15/15
CONDITIONS OF APPROVAL IF ANY:	ps
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	OCT 2 0 2015

