State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	ON
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-07676
DISTRICT II		Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210		STATE FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		6. State Oil & Gas Lease No.
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
Type of Well: Oil Well	Gas Well Other Injector	8. Well No. 67
Name of Operator Occidental Permian Ltd.	OCT 0 9 20%	9. OGRID No. 157984
3. Address of Operator	F0222	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 4. Well Location	79323	
		Faut From The Wast Line
Unit Letter C : 660	Feet From The North Line and 1980	Feet From The West Line
Section 10	Township 19-S Range	38-E NMPM Lea County
	11. Elevation (Show whether DF, RKB, RT GR, etc.) 3606' KB	
Pit or Below-grade Tank Application	or Closure	
	d Water Distance from nearest fresh water well	Distance from negrest surface water
Pit Liner Thickness mil	Below-Grade Tank: Volumebbls; Constructi	
Fit Liner Thickness min	below-Grade Fank. Volume bbis, Constructi	ion Material
12. Check NOTICE OF INTE	Appropriate Box to Indicate Nature of Notice, Report ENTION TO:	rt, or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLIN	NG OPNS. PLUG & ABANDONMENT
PULL OR ALTER CASING	Multiple Completion CASING TEST AND C	CEMENT JOB
OTHER:	=	
		Integrity Test X
	erations (Clearly state all pertinent details, and give pertinen For Multiple Completions: Attach wellbore diagram of prop	
Date of Test: 09/18/2015		
Pressure Readings: Initial – 560 PSI	Ending – 550 PSI	
Length of test: 30 minutes		
Witnessed: NO		
I hereby certify that the information above is to	rue 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		000
closed according to NMOCD guidelines	, a general permit or an (attached) alter	ernative OCD-approved
SIGNATURE MINOLO	<i>y y m</i>	
	TITLE Administ	trative Associate DATE 10/07/2015
TYPE OR PRINT NAME Mendy A. Jo		
TYPE OR PRINT NAME Mendy A. Jo	hnson E-mail address: mendy_johnson@ox	y.com TELEPHONE NO. 806-592-6280
For State Use Only	hnson E-mail address: mendy_johnson@ox	

