## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION			
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-12765	-	
DISTRICT II		,	5. Indicate Type of Lease		
1301 W. Grand Ave, Artesia, NM 88210			STATE	FEE X	
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 Agre	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) Ur	South Hobbs (G/SA) Unit	
Type of Well:  Oil Well	Gas Well Other I	HOBBS OCD	8. Well No. 87	/	
Name of Operator     Occidental Permian Ltd.	/	OCT 0 9 2015	9. OGRID No. 157984		
Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)	
HCR 1 Box 90 Denver City, T	X 79323	DECEMEN		***************************************	
4. Well Location		RECEIVE			
Unit Letter K : 1650	Feet From The South	Line and 2310	Feet From The West	Line	
Section 10	Township 19-S		R-E NMPM	Lea County	
	11. Elevation (Show whether DF, R 3593; KB	KB, RT GR, etc.)			
Pit or Below-grade Tank Application	or Closure				
		negreet fresh water well	Distance from nearest	surface water	
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					
Pit Liner Thickness mil	Below-Grade Tank: Volume	bbis; Construction i	viateriai		
12. Che	ck Appropriate Box to Indicate N	ature of Notice, Report, o	r Other Data		
NOTICE OF IN	TENTION TO:	SU	BSEQUENT REPORT (	OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	IG CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS. PLUG &	ABANDONMENT	
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEM			
	Watapie Completion			[V]	
OTHER:		OTHER: Casing Inte	egrity Test	X	
13. Describe Proposed or Completed C proposed work) SEE RULE 1103	perations (Clearly state all pertinent of B. For Multiple Completions: Attach			starting any	
Date of Test: 09/18/2015					
Pressure Readings: Initial – 560 PS	I Ending - 560 PSI				
Length of test: 30 minutes					
Witnessed: NO					
I hereby certify that the information above i	a true and complete to the best of my know	uladge and baliaf. I further certi	for that any nit or halow grade tank	has been/will be	
constructed or	s true and complete to the best of my know	vieuge and benef. Truriner certi	ry that any pit of below-grade tank	t has been will be	
closed according to NMOCD guideline	, a general permit	or an (attached) alternat	ive OCD-approved		
SIGNATURE MULICIPAL Administrative Associate DATE 10/07/2015					
TYPE OR PRINT NAME Mendy A.	Johnson E-mail address:	mendy_johnson@oxy.co	m TELEPHONE NO	0. 806-592-6280	
For State Use Only	90 ()				
APPROVED BY Silf	Dernamah	TITLE Sta	of Manager DI	ATE 10/15/15	
CONDITIONS OF APPROVAL IF ANY:				BA	

for

