State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERV.	ATION DIVISION	Revised 5-27-2004
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-29521
DISTRICT II			5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210			STATE X FEE
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			South Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)			
1. Type of Well: Oil Well Gas Well Other Injector OCT 0 9 2015			8. Well No. 208
2. Name of Operator			9. OGRID No. 157984
Occidental Permian Ltd. 3. Address of Operator RECEMED			10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, T 4. Well Location	X 79323	RECEIMEN	10005 (0.011)
Unit Letter N : 931 Feet From The South Line and 2263 Feet From The West Line			
Section 5 Township 19-S Range 38-E NMPM Lea County			
3629' КВ			
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	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPP	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	IT JOB
OTHER:		OTHER: Casing Integ	rity Test X
 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: 09/09/2015			
Pressure Readings: Initial – 560 PSI Ending – 560 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 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			
SIGNATURE MUNACY CLARAND TITLE Administrative Associate DATE 10/07/2015			
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 Dell Samamah TITLE Staff Manager DATE 10/15/15			
CONDITIONS OF APPROVAL IF ANY:			
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OCT 2 0 2015

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