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

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	1011364 3-21-2004
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 8750335 OCD	WELL API NO. 30-025-27214
DISTRICT II		5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210	NOV 0 3 2015	STATE FEE X
DISTRICT III	MOA	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
DIFFERENT RESERVOIR. USE "A	ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	North Hobbs (G/SA) Unit Section 20
Type of Well:     Oil Well	Gas Well Other Temporarily Abandoned	8. Well No. 233
Name of Operator     Occidental Permian Ltd.		9. OGRID No. 157984
Address of Operator     HCR 1 Box 90 Denver City, TX	79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location		
Unit Letter K : 1610	Feet From The South Line and 1850 Fe	et From The West Line
Section 20	Township 18-S Range 38-	E NMPM Lea County
	11. Elevation (Show whether DF, RKB, RT GR, etc.) 3648' GR	
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 Fank: Volume bbis; Construction Mi	aterial
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
E-PERMITTING <swdinjection> SUBSEQUENT REPORT OF:</swdinjection>		
CONVERSION RI	BDMS REMEDIAL WORK	ALTERING CASING
RETURN TO TA	COMMENCE DRILLING OF	NS. PLUG & ABANDONMENT
CSNGENVIRO	CHG LOC CASING TEST AND CEME	NT JOB
INT TO PA P&A NR	D9 A D	ity test/TA status request
	erations (Clearly state all pertinent details, and give pertinent date: For Multiple Completions: Attach wellbore diagram of proposed	
Date of test: 10/14/2015		
Pressure readings: Initial – 570 PSI Ending – 560 PSI  This Approval of Temporary  Abandonment Expires 10/14/2016		
Length of test: 30 minutes		
Witnessed: NO		
CIBP set @4175'		
Top perf @4258'		
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 Administrative Associate DATE 10/28/2015		
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 Wave Strown TITLE Dest Supervisor Date 11/4/2015		
	TITLE TOUCH	DATE

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