State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSER	VATION DIVISION		
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240		th St. Francis Dr. e, NM 87505	WELL API NO. 30-025-07596	
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 Agree	ment Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			South Hobbs (G/SA) Uni	t
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)				V
Type of Well: Oil Well Gas Well Other Temporarily Abandoned			8. Well No. 59	√
2. Name of Operator		HOBBS OCD	9. OGRID No. 157984	
Occidental Permian Ltd.				
3. Address of Operator		FEB 1 0 2016	10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX	79323			
4. Well Location	L	RECEIVED		
Unit Letter O : 660	Feet From The South		et From The East	_ Line
Section 3	Township 19-S	Range 38-	E NMPM	Lea County
	11. Elevation (Show whether DF, 3610' DF	KKB, KI GK, etc.)		
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				
Chall Amendiate Pour to Indicate Nature of Notice, Report, or Other Data				
E-PERMITTING <swdinjection of:<="" report="" subsequent="" td=""></swdinjection>				
CONVERSION R	BDMSMB			
RETURN TO T		REMEDIAL WORK		G CASING
CSNG ENVIRO		COMMENCE DRILLING OF	PNS. PLUG & A	ABANDONMENT
		CASING TEST AND CEME	NT JOB	
INT TO PA P&A NR	P&A K	OTHER: Casing integr	rity test/TA status request	X
13. 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: 01/22/2016				
	_	1		
Pressure readings: Initial - 560 PSI	Ending – 560 PSI	his Approval of Tem handonment Expire	porary /22 /2011	7
	Δ.	handonment Expire	\$ 1/22/201	1
Length of test: 30 minutes				
Witnessed NO				
Witnessed: NO				
I hereby certify that the information above is tru	ue and complete to the best of my kno	owledge 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 TITLE Administrative Associate DATE 02/08/2016				
TYPE OR PRINT NAME Mendy A. Joh		mendy johnson@oxy.com		
For State Use Only	1	3 -1	00 0	
APPROVED BY	manade	TITLE Start	7 Marlage DA	TE 2/10/16
			DA.	

Cox

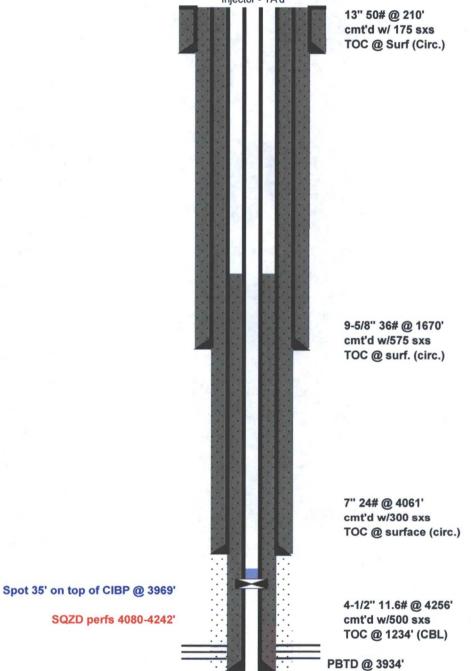




SHU 59

API# 30-025-07596

TWN 19-S; RNG 38-E Injector - TA'd



TD @ 4256'