## 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		St. Francis Dr. NM 87505	WELL API NO. 30-025-05491	
DISTRICT II			5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210			STATE X	FEE
<u>DISTRICT III</u>			6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreem	ent 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.)			North Hobbs (G/SA) Unit Section 25	
1. Type of Well:			8. Well No. 111	
Oil Well Gas Well Other Temporarily Abandoned			0.000000	
Name of Operator     Occidental Permian Ltd.			9. OGRID No. 157984	
3. Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 4. Well Location	79323			
Unit Letter D : 660	Feet From The North		t From The West	Line
Section 25	Township 18-S	Range 37-F	NMPM	Lea County
	11. Elevation (Show whether DF, RI 3663' GL	KB, RT GR, etc.)		
	3003 GL			
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 OPI	NS. PLUG & AI	BANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	IT JOB	
OTHER:		OTHER: MIT test – 1	ΓA Status	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.				
Test Date: 10/10/2006			123	456780
Pressure Reading: Initial – 560 PS	I, 15 min – 560 PSI, 30 min – 560 P	PSI		1011/12/13/14/15/15/15/15/15/15/15/15/15/15/15/15/15/
Length of pressure test: 30 minutes			To Age	1.200g 13
Witnessed: No			72 160	T Med
Test Date: 10/10/2006  Pressure Reading: Initial – 560 PSI, 15 min – 560 PSI, 30 min – 560 PSI  Length of pressure test: 30 minutes  Witnessed: No  This Approval of Temporary Abandonment Expires 10/10/11  Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief. I further certify that are not at the best of my knowledge and belief.				
	Abandonment Expi	res	12 J	71/2
			152535	7076181
Thereby certify that the information above is true and complete to the best of my knowledge and benefit. I further certify that any pix of below-grade tank has been will be				
constructed or closed according to NMOCD guidelines	, a general permit	or an (attached) alternative	e OCD-approved	
SIGNATURE Mendy	Ci Oohnan	TITLEAdministrative	Associate DATE	11/07/2006
TYPE OR PRINT NAME Mendy A. J	Ohnson E-mail address:	mendy_johnson@oxy.com	TELEPHONE NO.	806-592-6280
For State Use Only	2, 2 %			
CONDITIONS OF APPROVAL IT ANY:	1. WMR	TITLE	DATI	BOV -
CONDITIONS OF ALL ROYAL IF WAY.		OC FIFLD REPRES!	ENTATIVE II/STAFF MAN	MGERI 4 2006
		CO LIMES IVER IVER		

