

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.  
Santa Fe, NM 87505

**DISTRICT II**  
1301 W. Grand Ave, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

|   |
|---|
| WELL API NO.<br>30-025-34997  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 33                       |
| 8. Well No. 543   |
| 9. OGRID No. 157984   |
| 10. Pool name or Wildcat Hobbs (G/SA)   |

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|---|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)   |  |
| 1. Type of Well:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>  |  |
| 2. Name of Operator<br>Occidental Permian Ltd.  |  |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323  |  |
| 4. Well Location<br>Unit Letter <u>H</u> : <u>2630</u> Feet From The <u>North</u> <u>318</u> Feet From The <u>East</u> Line<br>Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County  |  |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3630' GL   |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ |  |

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|--|--|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data              |  |
| <b>NOTICE OF INTENTION TO:</b>   | <b>SUBSEQUENT REPORT OF:</b>   |
| PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>   | REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>         | COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/>  |
| OTHER: _____ <input type="checkbox"/>  | OTHER: <u>MIT test</u> <input checked="" type="checkbox"/>                                   |

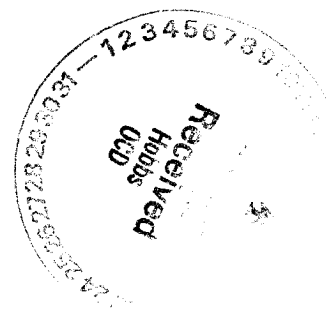
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Test Date: 05/08/2007

Pressure Reading: Initial: 415 - PSI; 15 min: 415 - PSI; 30 min: 420 - PSI

Length of pressure 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 plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 05/15/2007  
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 Gary W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER TITLE \_\_\_\_\_ DATE MAY 18 2007

CONDITIONS OF APPROVAL IF ANY:

