

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-025-34997
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 33
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection	8. Well No. 543	
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)	

4. Well Location
Unit Letter H : 2630 Feet From The North 318 Feet From The East Line
Section 33 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3630' 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 <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

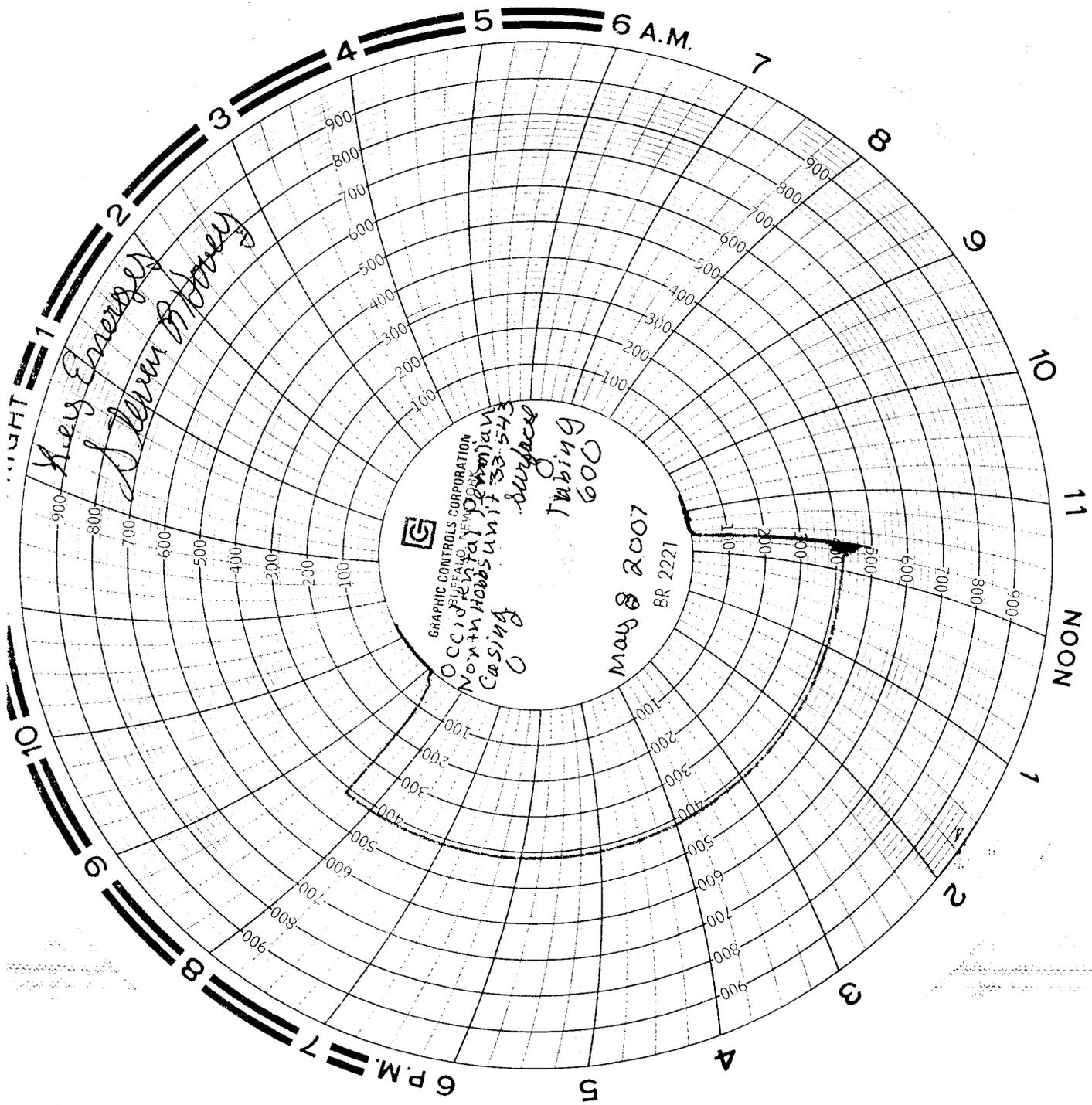
Witnessed: NO



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:



GRAPHIC CONTROLS CORPORATION
OCC BUREAU, NEW YORK
North Hobbs Unit 33-543
Casing
Surface
Tubing 600

May 8 2007
BR 2221

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