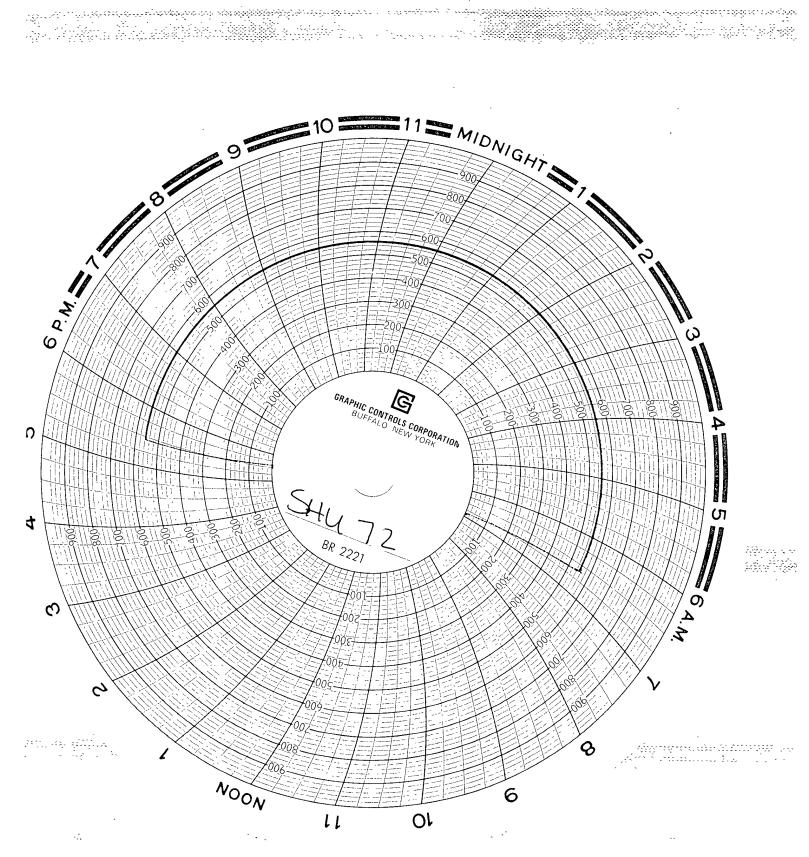
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVA	ATION DIVISION		
<u>DISTRICT I</u> 1625 N French Dr , Hobbs, NM 88240		St. Francis Dr. NM 87505	WELL API NO 30-025-07667	
DISTRICT II 1301 W Grand Ave, Artesia, NM 88210			5 Indicate Type of Lease STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			6 State Oil & Gas Lease No	
SUNDRY NOTI	CES AND REPORTS ON WEI	LLS	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 DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form G101) for such proposals)			South Hobbs (G/SA) Unit Section 9	
l Type of Well Oil Well	Gas Well Other Te	mporarily Abandoned	8 Well No 72	
Name of Operator Occidental Permian Ltd.	<i></i>		9 OGRID No 157984	
3 Address of Operator HCR 1 Box 90 Denver City, TX 7	'9323		10 Pool name or Wildcat	Hobbs (G/SA)
4 Well Location Unit Letter F 1650	Feet From The North	2310 · Feet	t From The West	Line
Section 9	Township 19-S	Range 38-E	NMPM	Lea County
	11 Elevation (Show whether DF, RK 3606' RDB	B, RT GR, etc)		
Pit or Below-grade Tank Application	or Closure			
Pit Type Depth of Ground V Pit Liner Thickness mil	Water Distance from not be a selow-Grade Tank: Volume			surface water
NOTICE OF INTEN	Appropriate Box to Indicate Nat NTION TO:		Other Data SEQUENT REPORT C)F:
	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	G CASING
	CHANGE PLANS	COMMENCE DRILLING OPN		ABANDONMENT []
PULL OR ALTER CASING OTHER.	Multiple Completion	CASING TEST AND CEMEN		[-0-1
Vol West Construction			A Status Request	X
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and givepertinent 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: 07/05/2007				
Pressure Reading. Initial – 560 PSI; 1:	5 min – 560 PSI; 30 min – 555 PS	SI	117	
Length of pressure test: 30 minutes	This Approval of	Temporary 7/	3/10	
Witnessed: NO Abandonment Expires				
			Ser.	
			(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	Devision of
I hereby certify that the information above is tru constructed or	e and complete to the best of my knowl	edge and belief Ifurther certify t	hat any pit or below-grade tank	has been/will be
closed according to NMOCD guidelines	, a general permit	or an (attached) alternative	OCD-approved	
SIGNATURE MUNCLY	aghnon	TITLE Administrative	Associate DAT	07/05/2007
	nson (E-mail address	mendy_johnson@oxy.com	TELEPHONE NO	806-592-6280
For State Use Only) / linh			
CONDITIONS OF APPROVAL IF ANY	Jo CO WORL	_ TITLE CC NEW REPRESENTA	DA VOLAMO PE NISTALY DATIA	
COMPLITIONS OF ALLIKOVAL IF ANY		The same of the sa		



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