

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 30-025-29753
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No
7 Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 4
8 Well No 215
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)

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 G-101) for such proposals)	
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	7 Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 4
2 Name of Operator Occidental Permian Ltd	8 Well No 215
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	9 OGRID No 157984
4 Well Location Unit Letter E 1398 Feet From The North 1227 Feet From The West Line Section 4 Township 19-S Range 38-E NMPM Lea County	10 Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RT GR, etc) 3607' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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: MIT test <input checked="" type="checkbox"/>	

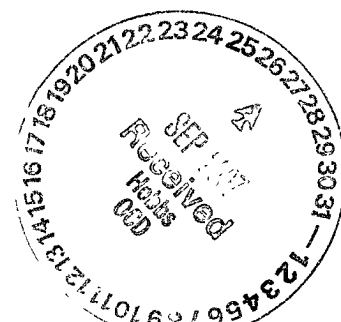
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Test Date: 09/06/07

Pressure Reading. Initial - 570 PSI; 15 minute - 540 PSI; 30 minute - 520 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. Further certify that any pit or below-grade tank has been/will be constructed or

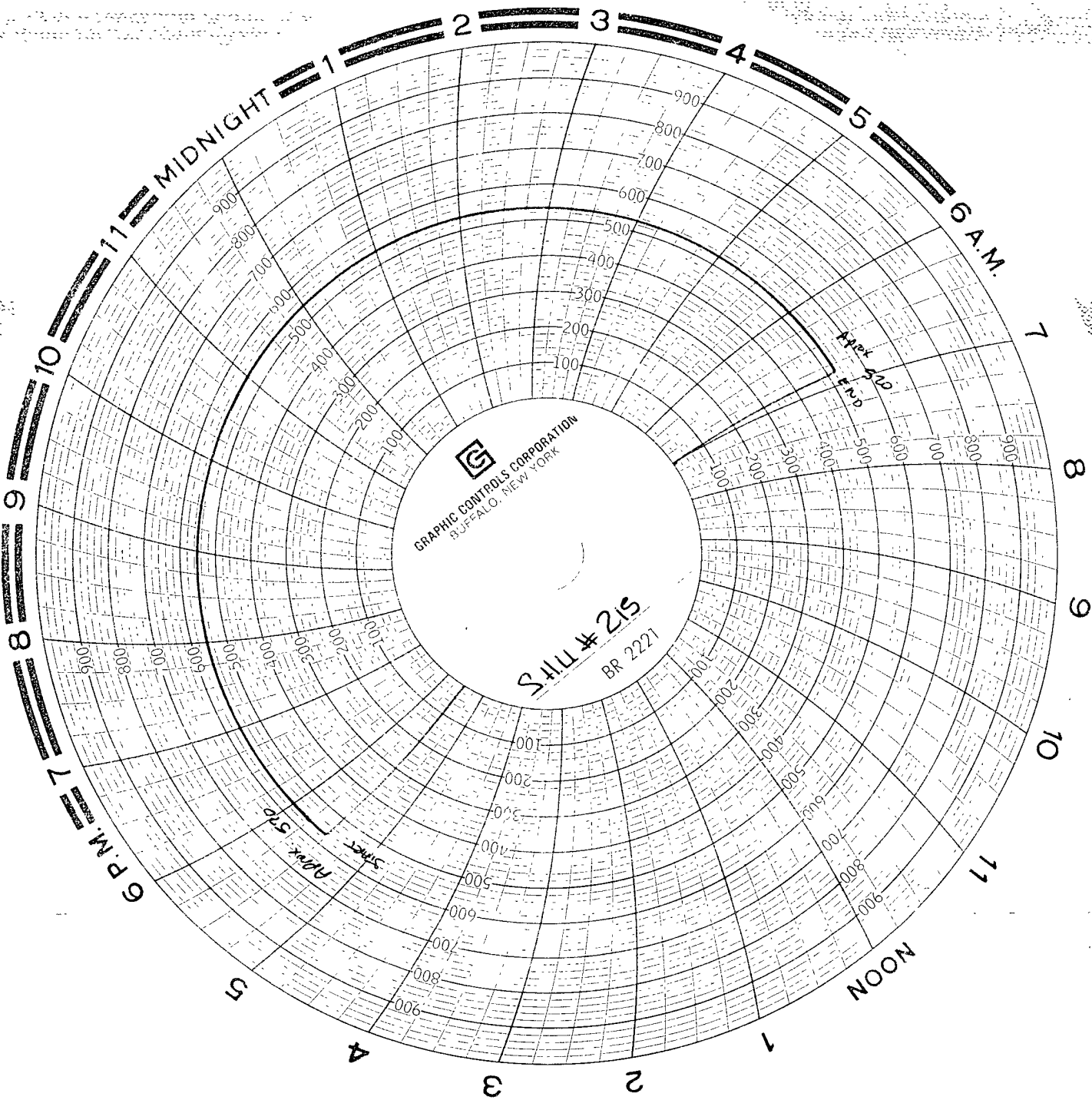
closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 09/25/2007
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 OCT 01 2007

CONDITIONS OF APPROVAL IF ANY



DX4

BCC: BERNARD PERMAN

SOUTH BEACHES LG-AMOUNT #215

LEA TO MM

DA. 01.12.2001

RE: 112

TXL # 0111 728

SEALING 24/10/01

LAST CAL. DATE 02.13.2001

18.2. 01.12.2001 SPECIAL ADAPTER REQUIRED

SURFACE D PSE

CASING D PSE

REUSE
CUTTER

