State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVA	TION DIVISION			
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO.	-025-07576	
DISTRICT II	ŕ		5. Indicate Type of Lease	/	
1301 W Grand Ave, Artesia, NM 88210			STATE	FEE X	
DISTRICT III		1	6. State Oil & Gas Lease	No.	
1000 Rio Brazos Rd, Aztec, NM 87410			7 Lease Nome on limit A	recoment Name	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement 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)			South Hobbs (G/SA) Unit Section 34		
1. Type of Well.				8. Well No 7	
Oil Well X Gas Well Other			,		
2. Name of Operator			9. OGRID No. 157984		
Occidental Permian Ltd.			10.00		
3 Address of Operator	0222		10. Pool name or Wildca	Hobbs (G/SA)	
HCR 1 Box 90 Denver City, TX 7	9323				
	Feet From The South	1080 Fe	eet From The West	Line	
Unit Letter N 660	Feet From The South	1000			
Section 34	Township 18-S	Range 38	E NMPM	Lea County	
	11. Elevation (Show whether DF, RK 3613' KB	B, RT GR, etc.)			
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	ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS. PLU	3 & ABANDONMENT	
	Multiple Completion	CASING TEST AND CEME	ENT JOB		
	X	OTHER:			
OTHER: Clean out/Run Logs					
 Describe Proposed or Completed Operproposed work) SEE RULE 1103. For Rule 1103. For	or Multiple Completions: Attach w to $\pm 3300^{\circ}$.	tails, and give pertinent date	d completion or recompleti	on.	
I hereby certify that the information above is tru constructed or		_	_	tank has been/will be	
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan					
SIGNATURE YUndy	y Uybrinon	TITLE Administrativ	e Associate	DATE <u>05/28/2008</u>	
TYPE OR PRINT NAME Mendy A. Joh	nson E-mail address:	mendy_johnson@oxy.co	m TELEPHONI	E NO. 806-592-6280	
For State Use Only	<i></i>	מבדחחו רייי	A ENGINEER 11	1N 7 0 2000	
APPROVED BY		TITLE PEINULEUR	M ENGINEER J	J _{NATE} 1 <u>8 2008</u>	
CONDITIONS OF APPROVAL IF ANY:	r				