

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

DISTRICT I

1625 N French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO
30-025-29017

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit /
Section 32

8. Well No 312 /

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 C-101) for such proposals.)

1 Type of Well.

Oil Well ☐

Gas Well ☐

Other

Injector ☒

2. Name of Operator

Occidental Permian Ltd.

3 Address of Operator

HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter B

210

Feet From The

North

Line and

1400

Feet From The

East

Line

Section 32

Township

18-S

Range

38-E

NMPM

Lea

County

11 Elevation (Show whether DF, RKB, RT GR, etc.)
3643' 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Casing Integrity Test ☒

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: 06/10/2008

Pressure Reading: Initial - 540 PSI; 15 min - 540 PSI; 30 min - 535 PSI

Length of pressure test 30 Minutes

Witnessed: NO

RECEIVED

JUN 25 2008

HOBBS OCD

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 06/24/2008

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

Chris Williams

OCD DISTRICT SUPERVISOR/GENERAL MANAGER

TITLE

DATE

JUN 27 2008

CONDITIONS OF APPROVAL IF ANY:

