State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

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				Revised 5-27-2004
FILE IN TRIPLICATE	RECENSERVA	ATION DIVISION	WELL ADDING	
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240		St. Francis Dr. NM 87505	WELL API NO 30-025-07612	
DISTRICT II	FEB 2 6 2009	INIVI 87505	5. Indicate Type of Lease	
1301 W Grand Ave, Artesia, NM 88210	-		STATE	FEE X
DISTRICT III	HOBBSOCD		6. State Oil & Gas Lease No	, , ,
1000 Rio Brazos Rd, Aztec, NM 87410				
SUNDRY NC	TICES AND REPORTS ON WEI	LLS	7. Lease Name or Unit Agree	ment Name
	ROPOSALS TO DRILL OR TO DEEPEN		South Hobbs (G/SA) Uni	t 🖊
	APPLICATION FOR PERMIT" (Form C-1)	01) for such proposals.)	0.11/11/1	
1 Type of Well Oil Well	Gas Well Other Int	~	8 Well No. 53	
2. Name of Operator	Gas Well Other Inj	ector	9. OGRID No. 157984	
Occidental Permian Ltd.			5. 001ab 110. 157904	(
3 Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX	<u> </u>			
4 Well Location				/
Unit Letter M 660	Feet From The South	Line and <u>660</u> Feet	From The West	Line 🖌
Section 4	Township 19-S	Range 38-E	NMPM	Lea County
	11. Elevation (Show whether DF, RK	B, RT GR, etc.)		
	3603' GL			
Pit or Below-grade Tank Application	or Closure			
Pit Type Depth of Groun		arest fresh water well	Distance from nearest a	<b>f</b> a a a
Pit Liner Thickness mil	Below-Grade Tank: Volume	ouis; Construction Mat	CITAI	~
12. Chec	k Appropriate Box to Indicate Nat	ure of Notice, Report, or O	ther Data	
NOTICE OF INT			EQUENT REPORT O	F: .
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		
		COMMENCE DRILLING OPN		
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN		
		1		
OTHER:		OTHER Mechanica	al Integrity Test	-X
13. Describe Proposed or Completed Op				starting any
proposed work) SEE RULE 1103.	For Multiple Completions: Attach we	ellbore diagram of proposed co	ompletion or recompletion.	•
Test Date: 02/18/2009	,			
			۰,	
Pressure Reading: Initial – 560 PSI	; 15 min – 480 PSI; 30 min – 470 PS	51		
Length of pressure test: 30 minutes	) }		I PA	
Longer of pressure test. 30 minutes	x	REA		
Witnessed: NO				
		VE	1/1/1	, 1· A
		- /	150: 109	1 Lif
		FA	1 -2 -2 /	2,11,1
I hereby certify that the information above is	true and complete to the best of my knowle	dge and belief. I further certify th	hat any pit or below-grade ton	M as been/will be
constructed of		1		
closed according to NMOCD guidelines	, a general permit	or an (attached) alternative	OCD-approved	
The		plan		
SIGNATURE IYUNGIA	Upphan	TITLE Administrative A	Associate DATE	E 02/25/2009
TYPE OR PRINT NAME Mendy A. J	ohnson E-mail address:	mendy johnson@oxy.com	TELEPHONE NO	806-592-6280
For State Use Only				
APPROVED BY		τιτι ε	Pic. 1. mi	- <b>1</b> -1
		TITLE	DA1	£

CONDITIONS OF APPROVAL IF ANY:

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