## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	RECFOURD	NSERVATION DIV	ISION	
DISTRICT I 1625 N French Dr , Hobbs, NM 88240		1220 South St. Francis Dr. Santa Fe, NM 87505	WELL APINO.	025-28984
DISTRICT II	FEB 26 2009	Samare, Inivi 67505	5. Indicate Type	of Lease
1301 W Grand Ave, Artesia, NM 88210	HOBBSOCD	•	STA	
DISTRICT III	HARRAGE		6 State Oil & Ga	as Lease No
1000 Rio Brazos Rd, Aztec, NM 87410				
SUNDRY N	NOTICES AND REPOR	TS ON WELLS	7 Lease Name o	r Unit Agreement Name
(DO NOT USE THIS FORM FOR	PROPOSALS TO DRILL OF	R TO DEEPEN OR PLUG BACK T	SO A South Hobbs (	G/SA) Unit /
DIFFERENT RESERVOIR. USE	"APPLICATION FOR PERM	MIT" (Form C-101) for such propos		ŕ
Type of Well.  Oil Well	Gas Well	Other Injector	8. Well No. 1	93
Name of Operator     Occidental Permian Ltd.	/		9, OGRID No.	157984
3. Address of Operator		***************************************	10. Pool name or	Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City,	TX 79323			
4. Well Location				
Unit Letter P : 945	<del></del>	South Line and 270		East Line
Section 5	Township	19-S Range	38-E NMPM	Lea County
	3617' KB	whether DF, RKB, RT GR, etc.)		
Pit or Below-grade Tank Application	or Closure			× .
Pit Type Depth of Gro	<u> </u>	stance from nearest fresh water	well Distance fro	m nearest surface water
		Volume bbls; Con:		in nearest surface water
Pit Liner Thickness mıl	Below-Glade Talik.	volumeouts, com	struction material	
12. Ch	eck Appropriate Box to	Indicate Nature of Notice, I	Report, or Other Data	
NOTICE OF IN	NTENTION TO:		SUBSEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REMEDIAL WO	RK 🗍	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE D	RILLING OPNS	PLUG & ABANDONMENT
PULL OR ALTER CASING	Multiple Completion		AND CEMENT JOB	
<del></del>	1 Maniple Completion			
OTHER		OTHER:	Mechanical Integrity Te	<u>X</u>
13. Describe Proposed or Completed proposed work) SEE RULE 110				
Test Date: 02/18/2009			•	•
Pressure Reading: Initial – 560 P	SI; 15 min – 550 PSI; 30	min – 540 PSI		
Length of pressure test: 30 minut	es			
Witnessed: NO				
		·		•
		•		• ;
				~ (
I hereby certify that the information above	is true and complete to the be	set of my knowledge and heliof I t	jurther certify that any not as hele-	y grade tank has been (!! he
constructed or	is true and complete to the be	est of my knowledge and benef. Th	urther certify that any pit of below	v-grade tank has been/will be
closed according to NMOCD guidelin	nes , a general pe		d) alternative OCD-approved	
SIGNATURE MANAGE	~ Mark	plan TITLE Adr	ninistrative Associate	DATE 02/25/2009
	TU TPIU	<u> </u>	ninistrative Associate	DATE 02/25/2009
TYPE OR PRINT NAME Mendy A	Andreas II Description	u addrace mandy jahaa		DITA ID II
	. Johnson E-mai	il address: <u>mendy johnso</u>	n@oxy.com TELE	PHONE NO 806-592-6280
For State Use Only	Johnson E-man			FFD 0 7 200
For State Use Only  APPROVED BY	Onnson E-man		RICT 1 SUPERVISO	FFD 0 7 200

