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 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-07539
	5 Indicate Type of Lease
DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210 AUG 1 8 2009	STATE X FEE 6. State Oil & Gas Lease No.
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 HOBBSOCD SUNDRY NOTICES AND REPORTS ON WELLS	6. State Off & Gas Lease No.
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	North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals) 1. Type of Well.	Section 32 8. Well No. 341
Oil Well Gas Well Other Injector	5. 70. 70. 7
2 Name of Operator	9. OGRID No. 157984
Occidental Permian Ltd. 3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA) V
HCR 1 Box 90 Denver City, TX 79323	10003 (0/5/1)
4. Well Location	
Unit Letter O . 330 Feet From The South Line and 2310 Feet	et From The East Line
Section 32 Township 18-S Range 38-I	E NMPM Lea County
11 Elevation (Show whether DF, RKB, RT GR, etc.) 3636' 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 Ma	
	Nar
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Control NOTICE OF INTENTION TO:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	
OTHER: OTHER. Casing Integr	• • • • • • • • • • • • • • • • • • •
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates	(ity Test
proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed	completion or recompletion.
Test Date: 08/07/2009	44
Pressure Reading: Initial – 550 PSI; 15 min – 530 PSI; 30 min – 525 PSI	(
Length of pressure test: 30 minutes	
Witnessed: Yes – Mark Whitaker - NMOCD	
	,
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify constructed or	that any pit or below-grade tank has been/will be
closed according to NMOCD guidelines , a general permit or an (attached) alternative	e OCD-approved
SIGNATURE MANAGEMENT TITLE Administrative	Associate DATE 08/12/2009
TYPE OR PRINT NAME Mendy Johnson E-mail address: mendy johnson@oxy.com	TELEPHONE NO 806-592-6280
For State Use Only DISTRICT 18	
	DUPERVISOR DATE AUG 19 20

