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 RECEIVED 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-28878
DISTRICT II AUG 18 ZIJES	5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210 DISTRICT III DISTRICT III	STATE FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	6. State Oil & 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.)	Section 13
1. Type of Well: Oil Well / Gas Well Other Injector	8. Well No. 442
2. Name of Operator	9. OGRID No. 157984
Occidental Permian Ltd. 3 Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX (79323	1000s (G/SA)
4. Well Location	
Unit Letter P : 1200 Feet From The South Line and 220 Feet From The East Line ✓	
Section 13 Township 18-S Range 37-E NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3664' 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: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	NT JOB
OTHER Casing Integr	rity Test X
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: 08/07/2009	
Pressure Reading: Initial – 460 PSI; 15 min – 450 PSI; 30 min – 450 PSI	
Length of pressure test: 30 minutes	
Witnessed: Yes – Mark Whitaker - NMOCD	223
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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 Mundy Ochmon TITLE Administrative Associate DATE 08/12/2009	
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy johnson@oxy.com	
For State Use Only	
APPROVED BY TITL PISTRICT 1 S	BUPERVISOR DATE AUG 19 200
CONDITIONS OF APPROVAL IF ANY.	
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