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 PEC 1 220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-07437
DISTRICT II 1301 W. Grand Ave. Artesia, NM 88210 MAY 25 2010	5 Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 HOBBSUCD	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 DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals)	North Hobbs (G/SA)Unit Section 29
1 Type of Well.	8. Well No. 241
Oil Well Gas Well Other Injector	
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	110003 (0/5/1/)
4 Well Location	
11 30 300	From The West Line
Section 29 Township 18-S Range 38-E	NMPM Lea County
3645' GR	
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 OPN	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	T 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: 05/10/2010	
Pressure readings Initial – 490 PSI; 15 min – 480 PSI; 30 min – 480 PSI	
Length of test: 30 minutes	
Witnessed: Yes – Mark Whittaker w/NMOCD	
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 Menting Control of Title Administrative Associate DATE 05/24/2010	
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 TITLE TITLE TITLE	F MQZ DATE 5-26-10
CONDITIONS OF APPROVAL IF ANY:	

