

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

RECEIVED CONSERVATION DIVISION

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88201

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

1220 South St. Francis Dr.

Santa Fe, NM 87505

MAY 25 2010

HOBBSD

WELL API NO. 30-025-27060	
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit / Section 31	
8. Well No.	312 /
9. OGRID No.	157984 /
10. Pool name or Wildcat	Hobbs (G/SA) ✓

SUNDRY NOTICES AND REPORTS ON WELLS (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.)	
1. Type of Well: Oil Well ☐ Gas Well ☐ Other <u>Injector</u> ✓	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>B</u> . <u>1262</u> Feet From The <u>North</u> <u>1520</u> Feet From The <u>East</u> Line ✓ Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3640' 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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS ☐
OTHER: _____ ☐	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Casing Integrity Test</u> ☒

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: 05/20/2010

Pressure readings: Initial – 500 PSI; 15 min – 495 PSI; 30 min – 490 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 Mendy A. Johnson 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 [Signature] TITLE STAFF MGR DATE 5-26-10
CONDITIONS OF APPROVAL IF ANY.

