State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE ON ECONSERVATION OF CONTROL OF CONTR	Revised 5-27-2004
DICTRICT!	WELL API NO.
DISTRICT II 1625 N French Dr , Hobbs, NM 88240 DISTRICT II 1220 South St. Francis Dr. Santa Fe, NM 87505 2 3 2010	30-025-34871 5. Indicate Type of Lease
	STATE X FEE
DISTRICT III HOBBSOCD	6. State Oil & Gas Lease No
1000 Rio Brazos Rd, Aztec, NM 87410	
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. 813
Oil Well Gas Well Other Injector	/
2 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 L 1450 Feet From The South 469 Feet	From The West Line
Section 29 Township 18-S Range 38-E	NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3661' 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	
Put 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	IS. PLUG & ABANDONMENT
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	TJOB
OTHER: Casing Integr	rity Test
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: 06/09/2010	
Pressure Readings: Initial – 530 PSI, 15 min - 520 PSI, 30 min – 515 PSI	
Length of test: 30 minutes	
Witnessed Yes – Mark Whitaker w/NMOCD	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify the	hat 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
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan	
SIGNATURE MINGLE Administrative	Associate DATE 06/22/2010
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 STATE	DATE 6-24-10
CONDITIONS OF APPROVAL IF ANY	

