

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**RECEIVED**  
**OIL CONSERVATION DIVISION**  
JUN 24 2010  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**HOBBSOCD**

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**DISTRICT I**

1625 N. French Dr., Hobbs, NM 88240

**DISTRICT II**

1301 W. Grand Ave, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd, Aztec, NM 87410

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-07612
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
4. Well Location Unit Letter M 660 Feet From The South 660 Feet From The West Line Section 4 Township 19-S Range 38-E NMPM Lea County		8. Well No. 53
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3603' GL		9. OGRID No. 157984
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 _____		10. Pool name or Wildcat Hobbs (G/SA)

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Casing leak repair <input checked="" type="checkbox"/>	

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.

1. RUPU & RU.
2. ND wellhead/NU BOP.
3. POOH w/packer and injection equipment.
4. RIH w/bit & tag plug back @4220'. POOH w/bit.
5. RIH w/redressed Arrowset 1-X double grip injection packer set on 126 jts of 2-3/8" tubing. Packer set @3903'.
6. ND BOP/NU wellhead.
7. Test casing to 350 PSI for 30 minutes and chart for the NMOCD.
8. RDPU & RU. Clean location and return well to injection.

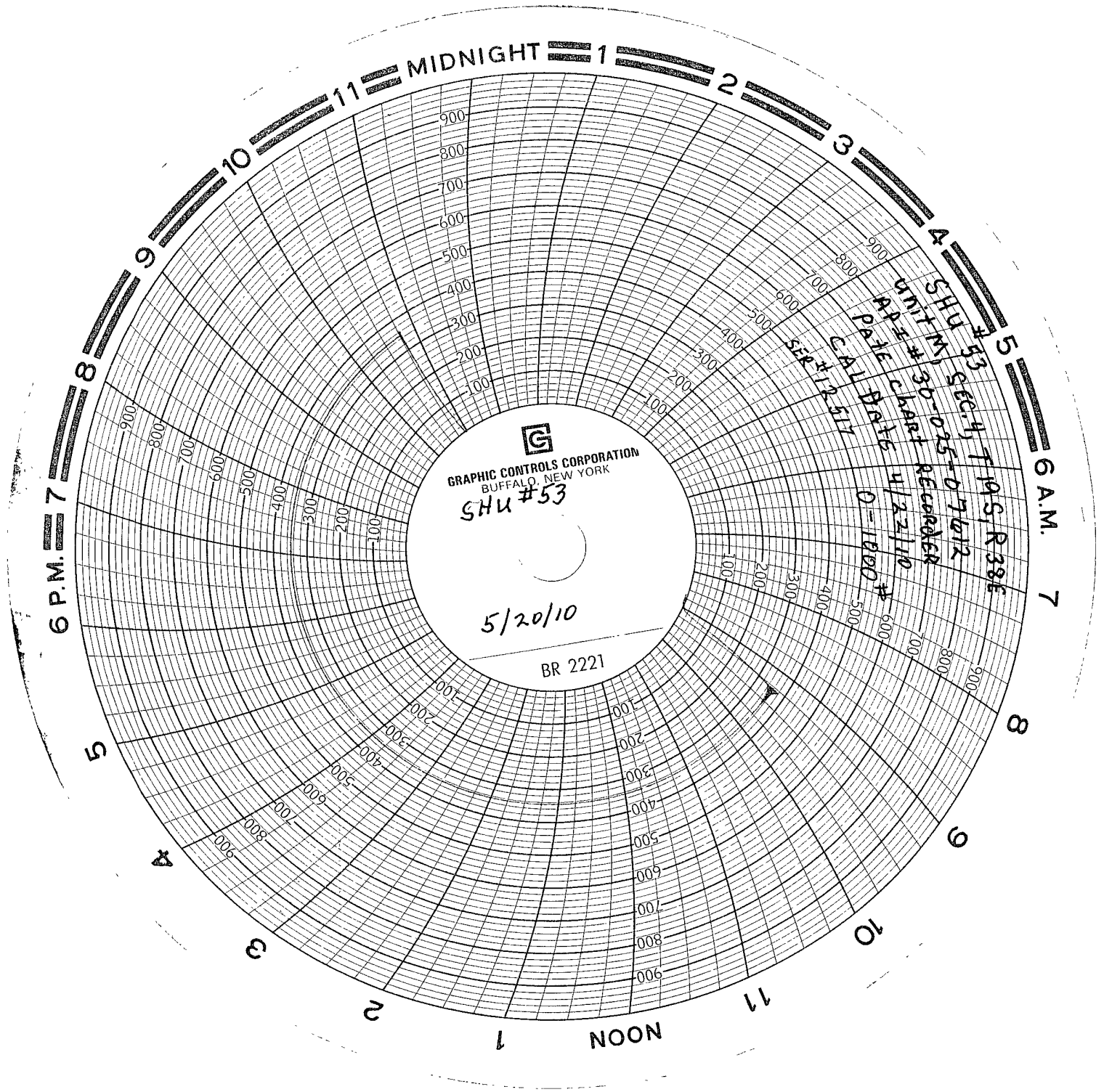
RUPU 05/17/2010 RDPU 05/20/2010

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 06/23/2010  
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 OC FIELD REPRESENTATIVE/STAFF MANAGER DATE JUN 25 2010  
CONDITIONS OF APPROVAL IF ANY:



**G**  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
SHU #53

5/20/10

BR 2221

SHU #53  
UNIT # 30-025-07612  
APR 25 1995  
PAKE C PART 4/22/10  
CALL 0-1800-125117  
RECORDER  
# 600