APPROVED BY

CONDITIONS OF APPROVAL IF ANY



State of New Mexico JUL 23 2010 Energy, Minerals and Natural Resources Department Form C-103 OIL CONSERVATION DIVISION HOBBSOCD Revised 5-27-2 04 FILE IN TRIPLICATE 1220 South St. Francis Dr. 1625 N. French Dr., Hobbs, NM 88240 30-025-07520 Santa Fe, NM 87505 5. Indicate Type of Lease STATE FEE 1301 W. Grand Ave, Artesia, NM 88210 6. State Of & Gas Lease No. DISTRICT III 1000 Río Brazos Rd, Aztec, NM 87410 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (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 32 1. Type of Well: 8. Well No. 221 Oil Well Gas Well X Other 2. Name of Operator 9. OGRID No. 157984 Occidental Permian Ltd. 3. Address of Operator 10. Pool name or Wildcat Hobbs (G/S 1) HCR I Box 90 Denver City, TX 79323 4. Well Location Unit Letter F Foot From The 2310 Feet From The West Line : 1650 North Range NMPM Section 32 Township 18-S 38-E Cou ity Lca 11. Blovation (Show whether DF, RKB, RT GR, stc.) 3644' KB 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 Below-Grade Tank; Volume bbls: Construction Material Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 12. 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** CASING TEST AND CEMENT JOB Multiple Completion OTHER: OTHER: Casing repair 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. Kill well. 2. POOH w/tubing. 3. ND wellhead/NU BOP. 4. RIH w/packer. 5. Test casing and chart for the NMOCD. 6. ND BOP/NU wellhead. 7. Return well to flowing. 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 DITLE Administrative Associate DATE 07/23/201) TYPE OR PRINT NAME TELEPHONE NO. hail address: mendy johnson@oxy.com 806-592-62:0 For State Use Only leifuleum engineer JUL 2 6 2010

TITLE

DATE

## Occidental Permian Ltd.

DATE:

07/23/2010

FAX TO:

**Buddy Hill** 

COMPANY:

NMOCD

FAX NUMBER:

575-393-0720

PHONE NUMBER:

FROM: Mendy Johnson

FAX NUMBER: 806-592-6333

PHONE NUMBER: 806-592-6280

NUMBER OF PAGES: 2

(INCLUDING COVER)

Please let me or Jason Sevin 713-366-5105 know if you have any questions regarding this

filing.

Thank you,

Mendy Johnson Oxy Permian Ltd, Administrative Associate Central Operating Area