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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TISELECTIZ 2010 RECEIVED CONSERVATION DIVISION	
1220 South St. Francis Dr.	WELL API NO 30-025-30204
SEP 0 1 2010 Santa Fe, NM 87505	5 Indicate Type of Lease
	STATE FEE FEE
1301 W Grand Ave, Artesia, NM 88210 HOBBSOCD DISTRICT III	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	North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals) 1 Type of Well	Section 31
Oil Well Gas Well Other Injector	8. Well No 322
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 G 2480 Feet From The North 1509 Feet	t From The <u>East</u> Line
Section 31 Township 18-S Range 38-E	NMPM Lea County
11 Elevation (Show whether DF, RKB, RT GR, etc.)	
3638' 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 C	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 OPI	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	T JOB
OTHER: OTHER: Casing Integr	rity Test X
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates,	
proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed c	ompletion or recompletion.
Test date: 08/24/2010	
Pressure readings: Initial – 510 PSI; 15 min – 510 PSI; 30 min – 505 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 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 plan	
SIGNATURE / YUNGY CATTON TITLE Administrative Associate DATE 08/30/2010	
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 STAFF	C MAR 4-2-10
CONDITIONS OF APPROVAL IF ANY	

S.KK

