State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE OIL CONSERVATION DIVISION	
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 RECEIVED 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-28957
Diamoran v	5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210 NOV 0 3 2010	STATE FEE X
DISTRICT III LORRSCICO	6. State Oil & Gas Lease No.
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 HOBBSUCD	
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.)	Section 30
1. Type of Well: Oil Well Gas Well Other Injector	8. Well No. 432
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	1
Unit Letter I 2260 Feet From The South 180 Feet	From The East Line
Section 30 Township 18-S Range 38-E	NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.)	
3650' GL	
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	
	l l
Pit Liner Thickness mil Below-Grade Tank: Volume bbls; Construction Mat	erial
12. Check Appropriate Box to Indicate Nature of Notice, Report, or O	ther 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	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	
OTHER: OTHER: Casing integr	ity test X
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.	
Date of test: 10/28/2010	
Pressure readings: Initial – 540 PSI; 15 min – 520 PSI; 30 min – 495 PSI	
Length of test: 30 minutes	
Witnessed Yes - Mark Whitaker w/NMOCD	
Packer set @4063' Top per @4110'	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify the	nat 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 Title Administrative Associate DATE 11/02/2010	
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy johnson@oxy.com	TELEPHONE NO. 806-592-6280
	000070000
For State Use Only	
APPROVED BY TITLE 5794	DATE 11-3-10



