

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**RECEIVED** OIL CONSERVATION DIVISION

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.  
Santa Fe, NM 87505

**DISTRICT II**  
1301 W. Grand Ave, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

DEC 14 2010  
HOBBSOCD

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WELL API NO. 30-025-07503	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 31	<input checked="" type="checkbox"/>
8. Well No. 211	<input checked="" type="checkbox"/>
9. OGRID No. 157984	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Hobbs (G/SA)	<input checked="" type="checkbox"/>

<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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>C</u> : <u>440</u> Feet From The <u>North</u> <u>2310</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3642' GL	
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 _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: _____ <input 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. Kill well.
2. POOH w/ESP equipment and tubing.
3. Clean out well to 4000'.
4. RIH w/CIBP set @3990'. Cap w/35' cement.
5. Test casing and chart for the NMOCD.
6. Install TA wellhead.

Condition of Approval : Notify OCD Hobbs  
office 24 hours prior to running MIT Test & Chart

**Rule 19.15.25.14**

Set CIBP, RBP or Packer within 100 feet of uppermost perfs. Pressure test to 500 psi for 30 minutes with a pressure drop of not greater than 10% over a 30 minute period.

I hereby certify that any pit or below-grade tank has been/will be

closed according to NMOCD guidelines <input type="checkbox"/>	, a general permit <input type="checkbox"/>	or an (attached) alternative OCD-approved plan <input type="checkbox"/>
SIGNATURE <u>Mendy A. Johnson</u>	TITLE <u>Administrative Associate</u>	DATE <u>12/10/2010</u>
TYPE OR PRINT NAME <u>Mendy A. Johnson</u>	E-mail address: <u>mendy_johnson@oxy.com</u>	TELEPHONE NO. <u>806-592-6280</u>

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APPROVED BY [Signature] TITLE STAFF MGR DATE 12-16-10

CONDITIONS OF APPROVAL IF ANY: