

**HOBBS OCD**State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**MAY 16 2016****OIL CONSERVATION DIVISION****DISTRICT I**  
1625 N. French Dr., Hobbs, NM 882401220 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

WELL API NO. 30-025-26834
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA Unit) Section 33
8. Well No. 232
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	11. Elevation (Show whether DF, RKB, RT GR, etc.) 3647' KB
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>K</u> : <u>1595</u> Feet From The <u>South</u> Line and <u>1370</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
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>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Casing Integrity Test</u> <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.

Date of test: 04/19/2016

Pressure readings: Initial - 540 PSI Ending - 520 PSI

Length of test: 32 minutes

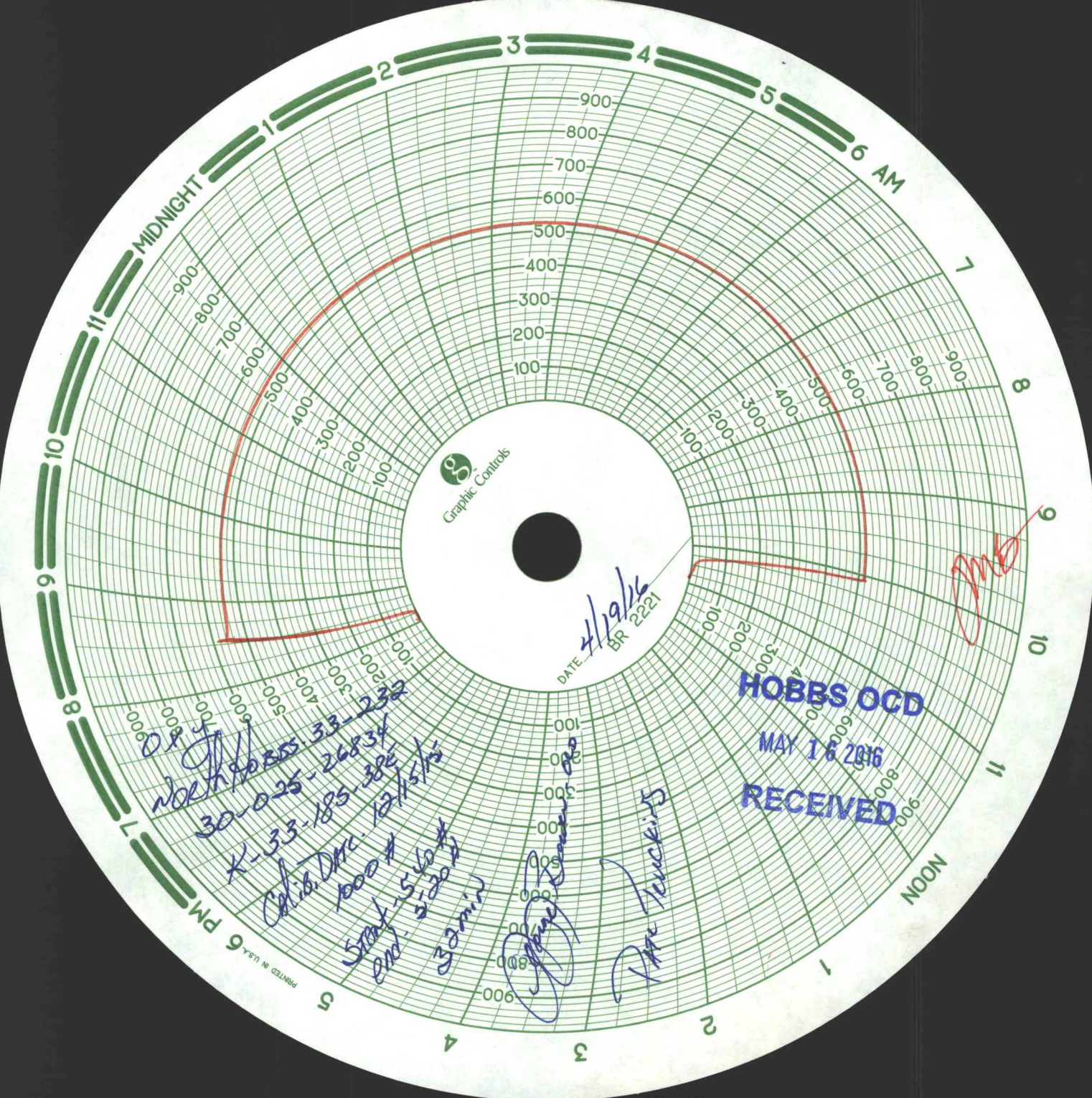
Witnessed: YES - George Bowers w/NMOCD

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 ☐SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 05/11/2016  
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 George Bowers TITLE Compliance Officer DATE 6/24/16  
CONDITIONS OF APPROVAL IF ANY:







State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name <b>OCCIDENTAL PERMIAN, LTD</b>	API Number <b>30-025-26834</b>
Property Name <b>NORTH HOBBS (G/SA) UNIT</b>	Well No. <b>232</b>

<sup>2</sup> Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
K	33	18-S	38-E	1595	SOUTH	1370	WEST	LEA

**Well Status**

TA'D WELL YES	SHUT-IN YES	INJECTOR <input checked="" type="checkbox"/>	PRODUCER OIL	GAS	DATE <b>3/30/16</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	350	N/A	N/A	430	1101
<u>Flow Characteristics</u>					
Puff	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> / N	Y / N	Y / N	<input checked="" type="checkbox"/> / N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	Type of Fluid
Gas or Oil	<input checked="" type="checkbox"/> / N	Y / N	Y / N	<input checked="" type="checkbox"/> / N	Injected for
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	<input checked="" type="checkbox"/> / N	Waterflood if applies

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

(A) bled down to zero in 2min 10sec. ~~10~~  
(B) Would not bleed down. Started gas then to water.

**HOBBS OCD**

MAY 16 2016

**RECEIVED**

*Donald Higgins 575-631-9886*

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: <b>5/11/2016</b>	Phone: 806-592-6280
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

# American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS,  
NM 88240

T0: Pate Trucking

DATE: 12/15/15

This is to certify that:

I, Tony Flores

Technician for American Valve & Meter Inc.

has checked the calibration of the following instrument.

8" Pressure recorder

Ser.# 12517

at these points.

Pressure #			Temperature *or Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	- 0	-	-	-
- 500	-	- 500	-	-	-
- 700	-	- 700	-	-	-
- 1000	-	- 1000	-	-	-
- 200	-	- 200	-	-	-
- 0	-	- 0			

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Tony Flores