

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

HOBBS OCD

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

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

JUL 01 2014

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

| |
|---|
| WELL API NO. 30-025-28411 ✓ |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input 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. 142Z ✓ |
| 9. OGRID No. 157984 |
| 10. Pool name or Wildcat Hobbs (G/SA) |

| | |
|---|--|
| SUNDRY NOT RECEIVED REPORTS ON WELLS (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 checked="" type="checkbox"/> Injector | |
| 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>M</u> : <u>1250</u> Feet From The <u>South</u> Line and <u>185</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 | |
| 11. Elevation (Show whether DF, RKB, RTGR, etc.) 3635' 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 | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| 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: _____ <input type="checkbox"/> | PLUG & ABANDONMENT <input type="checkbox"/> |
| | 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: 06/05/2014

Pressure Readings: Initial – 560 PSI; 15 min – 580 PSI; 30 min – 600 PSI

Length of test: 30 minutes

Witnessed: NO

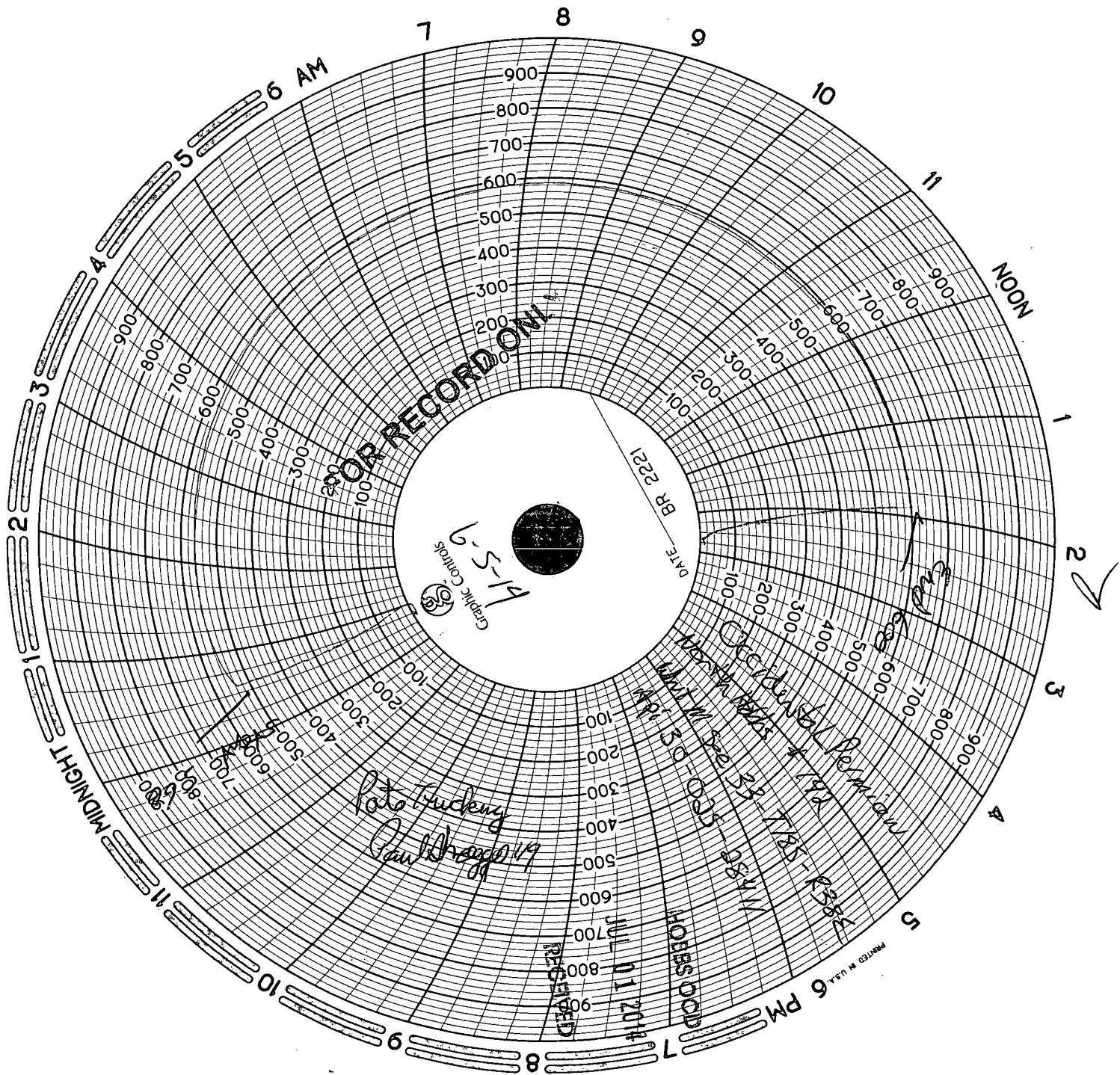
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 06/27/2014
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 Bill Senamash TITLE Staff Manager DATE 7/8/2014
CONDITIONS OF APPROVAL IF ANY:

JUL 14 2014



American Valve & Meter, Inc.

1113 W. Broadway
P.O. Box 166
Hobbs New Mexico 88240

To: Pate Tr.

Date_04/02/14

This is to certify that:

I Bud Collins Technician for American Valve & Meter Inc. has checked
the calibration of the following instrument.

8" pressure recorder_

Serial No. 7842

at these points.

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

Remarks: _____

Signature

Bud Collins

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