State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 5-27-2004 FILE IN TRIPLICATE OIL CONSERVATION DIVISION WELL APLNO 1220 South St. Francis Dr. DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 30-025-26622 1 Santa Fe, NM 87505 5. Indicate Type of Lease DISTRICT II FEE X STATE 1301 W. Grand Ave, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKTON South Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) 8. Well No. 1. Type of Well: 0 9 2015 174 Injector Oil Well Gas Well Other 9. OGRID No. 2. Name of Operator 157984 1 Occidental Permian Ltd. RECEIV 3. Address of Operator 10. Pool name or Wildcat Hobbs (G/SA) HCR 1 Box 90 Denver City, TX 79323 4. Well Location Feet From The Line and Feet From The Line Unit Letter L : 2026 South 516 West Section 3 Township NMPM County 19-S Range 38-E Lea 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3622' KB Pit or Below-grade Tank Application or Closure Distance from nearest fresh water well Distance from nearest surface water Pit Type Depth of Ground Water Pit Liner Thickness mil Below-Grade Tank: Volume bbls; Construction Material Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 12 SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG & ABANDONMENT** PULL OR ALTER CASING CASING TEST AND CEMENT JOB Multiple Completion OTHER: OTHER: Casing Integrity Test 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: 09/18/2015 Pressure Readings: Initial - 560 PSI Ending - 540 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 NOD TITLE Administrative Associate DATE 10/07/2015 TYPE OR PRINT NAME TELEPHONE NO. 806-592-6280 Mendy A. Inhnson E-mail address: mendy_johnson@oxy.com For State Use Only Staff Manager DATE 10/13 semanah TITLE APPROVED BY CONDITIONS OF APPROVAL IF ANY:

OCT 2 0 2015

