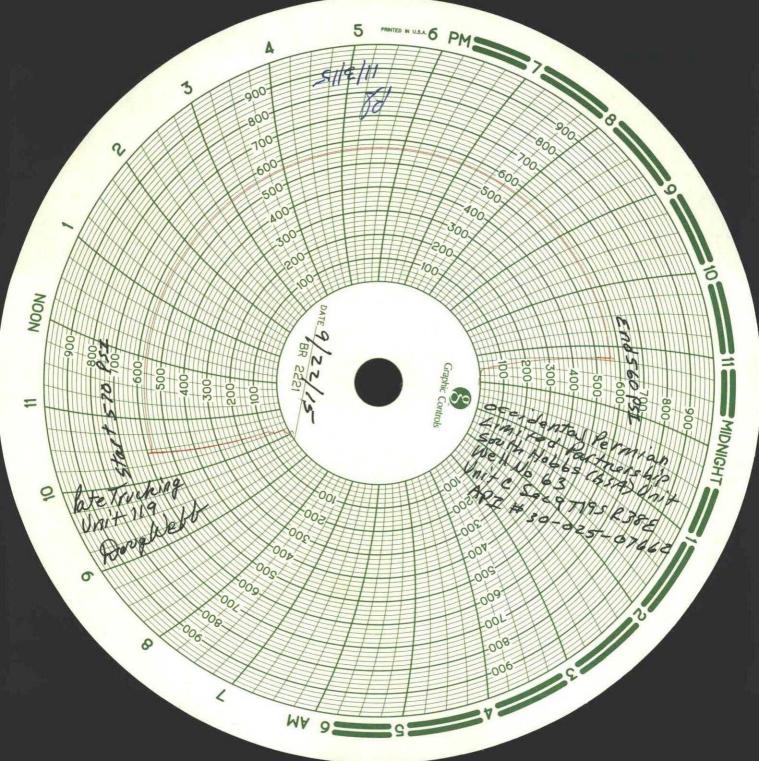
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	Revised 3-27-2004	
DISTRICT I 1625 N. French Dr. , Hobbs, NM 8824	1220 South St. Francis DES	WELL API NO. 30-025-07662	
DISTRICT II	Santa re, NW 87505	5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 8821	0 NOV 0 3 2015	STATE FEE X	
DISTRICT III	,,,,	6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410	DECEIVED		
SUNDRY	NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
	OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A SE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	South Hobbs (G/SA) Unit	
Type of Well: Oil Well	Gas Well Other Injector	8. Well No. 63	
2. Name of Operator	Gas Well Other Injector	9. OGRID No. 157984	
Occidental Permian Ltd.		137701	
3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)	
HCR 1 Box 90 Denver City	y, TX 79323		
4. Well Location			
Unit Letter C : 660	Feet From The North Line and 1980 Feet	et From The West Line	
Section 9	Township 19-S Range 38-1	E NMPM Lea County	
	11. Elevation (Show whether DF, RKB, RT GR, etc.) 3602' DF		
	3002 DF		
Pit or Below-grade Tank Application	on or Closure		
Pit Type Depth of G	round Water Distance from nearest fresh water well	Distance from nearest surface water	
Pit Liner Thickness m	il Below-Grade Tank: Volume bbls; Construction Ma	aterial	
12.	Check Appropriate Box to Indicate Nature of Notice, Report, or C	Other Data	
		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OP	NS. PLUG & ABANDONMENT	
PULL OR ALTER CASING	Multiple Completion CASING TEST AND CEMEN	NT JOB	
OTHER:	OTHER: Casing Integ	grity Test X	
13 Describe Proposed or Complete	d Operations (Clearly state all pertinent details, and give pertinent dates		
	103. For Multiple Completions: Attach wellbore diagram of proposed		
Date of Test: 09/22/2015			
Pressure Readings: Initial –570 F	PSI Ending – 560 PSI		
Length of test: 30 minutes			
Witnessed: NO			
witnessed: NO			
I hereby certify that the information abo constructed or	ve 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	
closed according to NMOCD guide	lines , a general permit or an (attached) alternative	e OCD-approved	
man	d Soh and plan		
SIGNATURE / I UM	TITLE Administrative		
	A. Johnson E-mail address: mendy johnson@oxy.com	TELEPHONE NO. 806-592-6280	
For State Use Only	Il scemande TITLE Sto	~ ~	
APPROVED BY		ff Manager DATE 11/3/15	
CONDITIONS OF APPROVAL IF AN	Y:		

NO' 0 4 2015

gm



American Valve & Meter, Inc.

1113 W. BROADWAY P.O. BOX 166 HOBBS, NM 88240

,			DATE: 8.17-15 , Technician for American Valve & Meter,		
		CORACI	Serial No	10011	
at these p	0-1000#	-	Temperature		
Test	Found	Left	Test	Found	Left
0		0		-	_
500		500	*4.		
200		700	-		-
1000	-	1000			-
200		200		_ /	*************
0		0	-4		\
Remark	S:				
1		Sig	nature Jony	Vous	