

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

|                                      |                                                                        |
|--------------------------------------|------------------------------------------------------------------------|
| WELL API NO.                         | 30-025-29196                                                           |
| 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                                                |
| 8. Well No.                          | 422                                                                    |
| 9. OGRID No.                         | 157984                                                                 |
| 10. Pool name or Wildcat             | Hobbs (G/SA)                                                           |

|                                                                                                                                                                                                        |                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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"/> Temporarily Abandoned <input 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>H</u> : <u>2495</u> Feet From The <u>North</u> <u>119</u> Feet From The <u>East</u> Line<br>Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County |
| 11. Elevation (Show whether DF, RKB, RTGR, etc.)                                                                                                                                                       | 3653' 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 _____                                    |

|                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E-PERMITTING <SWD INJECTION><br>CONVERSION _____ RBDMS _____<br>RETURN TO _____ TA _____<br>CSNG _____ ENVIRO _____ CHG LOC _____<br>INT TO PA _____ P&A NR _____ P&A R _____<br>OTHER: _____ | State Nature of Notice, Report, or Other Data<br>SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/><br>CASING TEST AND CEMENT JOB <input type="checkbox"/><br>OTHER: <u>Casing integrity test/TA status request</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: 12/23/2015

Pressure readings: Initial - 580 PSI Ending - 580 PSI

Length of test: 30 minutes

Witnessed: NO

This Approval of Temporary  
Abandonment Expires 12/23/2016

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 01/25/2016  
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 Mary M. Brown TITLE Dist Supervisor DATE 1/27/2016  
CONDITIONS OF APPROVAL IF ANY:

JAN 28 2016



PRINTED IN U.S.A.

6 PM

7

8

9

10

11

MIDNIGHT

2

3

4

5

6 AM

7

8

9

10

11

NOON

1

2

3

4

5

900  
800  
700  
600  
500  
400  
300  
200  
100

Graphic Controls

DATE 12/23/15  
BR 2221

accidental Permiian  
limited Partnership  
North Hobbs (RSA) Unit  
Well No 19-422  
Unit H Sec 19 T18S R38E  
API # 30-025-29196

late Truching  
Unit 119  
Dougherty

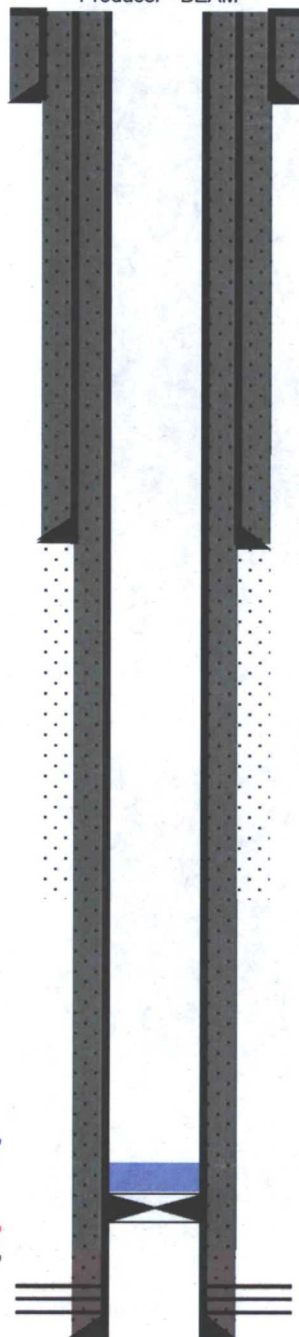
start 50 PSI

## NHU 19-422

API# 30-025-29196

TWN 18-S; RNG 38-E

Producer - BEAM



13-3/8" COND# @ 40'  
cmt'd w/ 5 yds REDI-MIX  
TOC @ Surf (Circ.)

8-5/8 24# @ 1520'  
cmt'd w/75 sxs  
TOC @ surf. (circ.)

Spot 35' on top of CIBP @ 4025'

**SQZD PERFS: 4057-4182'**  
Plugged Back Perfs @ 4220-4318'

5 1/2" 14# @ 4368'  
cmt'd w/920 sxs  
TOC @ surf. (circ.)

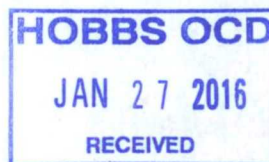
PBD @ 3990' (cmt on top of CIBP)  
TD @ 4370'



# 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