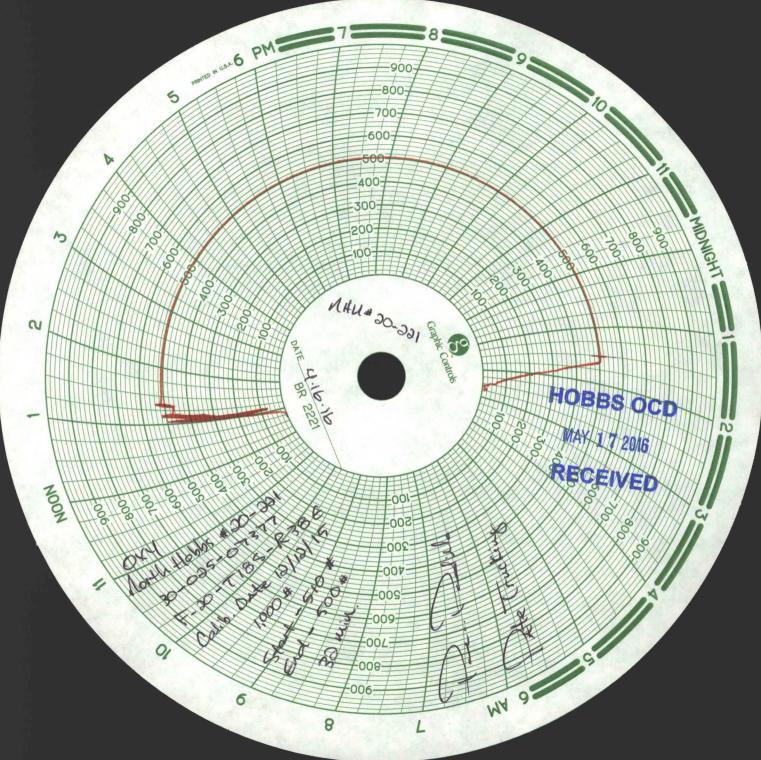
HOBBS OCD

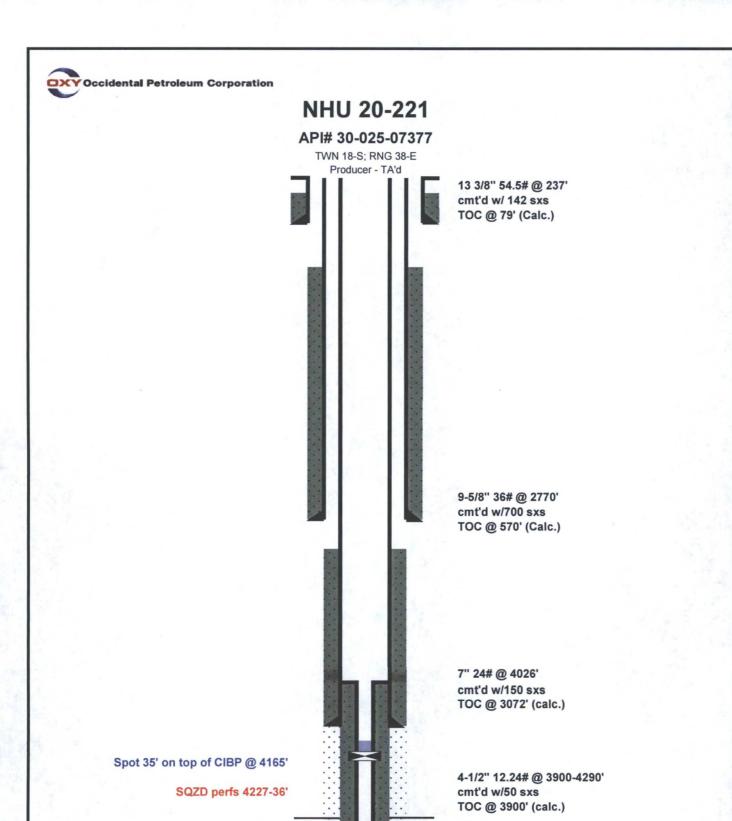
State of New Mexico

MAY 17 2016 Energy, Minerals and Natural Resources Department

Form C-103

FILE IN TRIPLICATE OIL	CONSERVATIO	ON DIVISI	ION		Revised 5	5-27-2004	
DISTRICT I 1625 N. French Dr., Hobbs, NM S. E. CEIVED	rench Dr. Hobbs NM SECEIVED 1220 South St. Francis Dr.			WELL API NO. 30-025-07377			
DISTRICT II	Santa Fe, NM	87505		5. Indicate Type of Lease			
1301 W. Grand Ave, Artesia, NM 88210				STATE STATE	FEE	E X	
DISTRICT III				6. State Oil & Gas Lease No.		122	
1000 Rio Brazos Rd, Aztec, NM 87410							
SUNDRY NOTICES AND REP	ORTS ON WELLS			7. Lease Name or Unit Agree	ment Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILI DIFFERENT RESERVOIR. USE "APPLICATION FOR P		North Hobbs (G/SA) Uni Section 20	t /				
1. Type of Well:				8. Well No. 221	_		
Oil Well Gas Well	Other Temporar	rily Abandoned	d				
Name of Operator Occidental Permian Ltd.				9. OGRID No. 157984	/		
3. Address of Operator				Pool name or Wildcat	Hobbs	(G/SA)	
HCR 1 Box 90 Denver City, TX 79323							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_				
Unit Letter F : 2310 Feet From The	North Line an	1320	Feet	From The West	Line		
Section 20 Township	18-S	Range	38-E	NMPM	Lea	County	
11. Elevation (<i>Sh</i> 3654' DF	ow whether DF, RKB, RT (GR, etc.)					
Dit on Delevered Tests Application							
Pit or Below-grade Tank Application or Closure							
Pit Type Depth of Ground Water					urface wate	er	
Pit Liner Thickness mil Below-Grade Tan	k: Volume	bbls; Construc	ction Mat	erial			
RETURN TO TACHO CHG LOCAL TACH	COM CASI OTHE te all pertinent details, a letions: Attach wellbore	and give pertine e diagram of pr	cent dates,	T JOB PLUG & A Ty test/TA status request including estimated date of status.	G CASING ABANDON starting an	MENT X	
I hereby certify that the information above is true and complete to the	ne best of my knowledge an	nd belief. I furthe	er certify t	hat any pit or below-grade tank	has been/wi	ll be	
constructed or closed according to NMOCD guidelines , a general	al nermit	an (attached) a	Iternativa	OCD-approved	1		
, a general	plan		icinative	OCD-approved			
SIGNATURE Mendy Const	Morring		istrative A	Associate DAT	E 05/1	6/2016	
TYPE OR PRINT NAME Mendy A. Johnson	mail address: men	ndy_johnson@e	oxy.com	TELEPHONE NO	806-5	92-6280	
For State Use Only APPROVED BY	M 2 TH	LE Dis	7.5	DUDLAUTADEN	TF 5	20/20	
CONDITIONS OF APPROVAL IF ANY:	111			7	7	-	
COMBINED OF THE ROTTED II THE L. M.							





PBTD @ 4130' TD @ 4290'

American Valve & Meter, Inc.

1113 W. BROADWAY

HOBBS OCD

P.O. BOX 166 HOBBS, NM 88240 MAY 1 7 2016

RECEIVED

T0:	Pate	Trucking
I V.	I all	LIUCINI

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

Pressure #

Ser.# 12517

Temperature *or Pressure #

at these points.

Test	Found	Left	Test	Found	Left-
- 0	-	- 0		-	_
- 500	-	- 500		-	-
- 700	-	- 700	-	-	-
- 1000	-	- 1000	-	-	-
- 200	-	- 200		-	_
- 0	-	- 0			

Remarks:

Signature: Jony 1