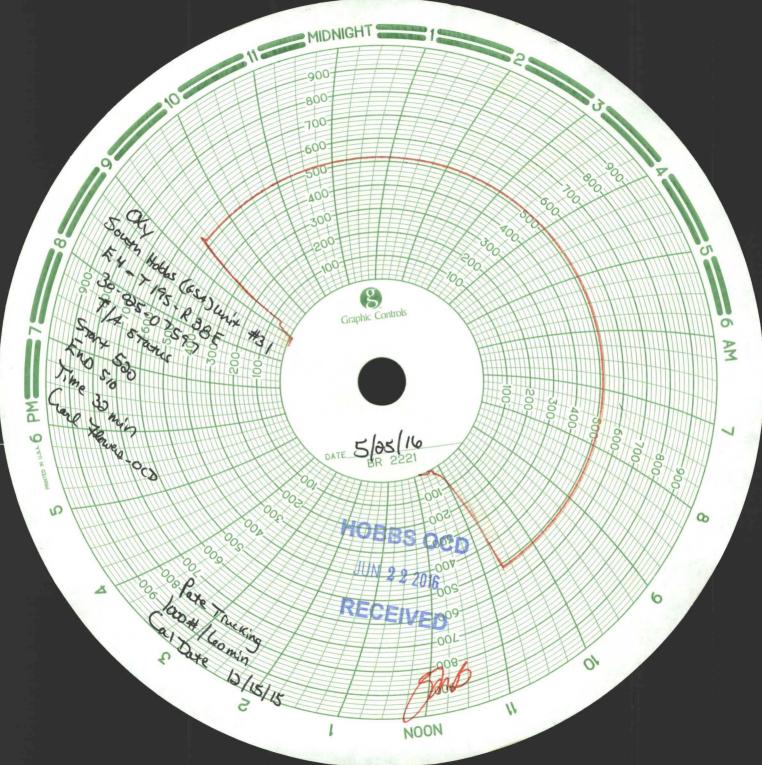
HOBBS OCD State of New Mexico UN 2 2 2016 Energy, Minerals and Natural Resources Department DISTRICT I OIL CONSERVATION DIVISION 1625 N. French Dr. Robbs, NM 88240 1220 South St. Francis Dr. Santa Fe, NM 87505 DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 SUNDRY NOTICES AND 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: Gas Well Other TA'd Injection well 2. Name of Operator Occidental Permian Ltd. Other TA'd Injection well 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 4. Well Location Table State of St	Form C-103 Revised 5-27-2004 WELL API NO. 30-025-07597 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit 8. Well No. 31 9. OGRID No. 157984 10. Pool name or Wildcat Hobbs (G/SA)			
Unit Letter E 2310 Feet From The North Line and 990 Feet	t From The West Line			
Section 4 Township 19-S Range 38-E	NMPM Lea County			
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3603' GL				
Pit or Below-grade Tank Application or Closure Pit Type Depth of Ground Water Distance from nearest fresh water well Pit Liner Thickness mil Below-Grade Tank: Volume bbls; Construction Mater	terial			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING Multiple Completion OTHER: OTHER:				
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 c Date of test: 05/25/2016 Pressure readings: Initial – 520 PSI Ending – 510 PSI Length of test: 32 minutes Witnessed: YES – Carl Flowers w/NMOCD	completion or recompletion.			
	1			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify the constructed or closed according to NMOCD guidelines a general permit or an (attached) alternative plan SIGNATURE Administrative Admini	e OCD-approved Associate DATE 06/20/2016 TELEPHONE NO. 806-592-6280			
APPROVED BY TITLE Book TITLE CONDITIONS OF APPROVALIFANY:	AFizico DATE 6/24/16			



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: Jon /

HOBBS OCD

JUN 2 2 2016 RECEIVED