

HOBBS OCD

MAY 23 2013

State of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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

OIL CONSERVATION DIVISION
RECEIVED1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-26623 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit ✓
8. Well No. 170 ✓
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3608' 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 _____

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:

Oil Well ☐Gas Well ☐Other ☒ Injector

2. Name of Operator

Occidental Permian Ltd.

3. Address of Operator

HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1832 Feet From The East Line
Section 4 Township 19-S Range 38-E NMPM Lea County

12.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐Multiple Completion ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG & ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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: 05/03/2013

Pressure Readings: Initial – 530 PSI; 15 min – 530 PSI; 30 min – 530 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

Mendy A. Johnson

TITLE Administrative Associate

DATE 05/22/2013

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

[Signature]

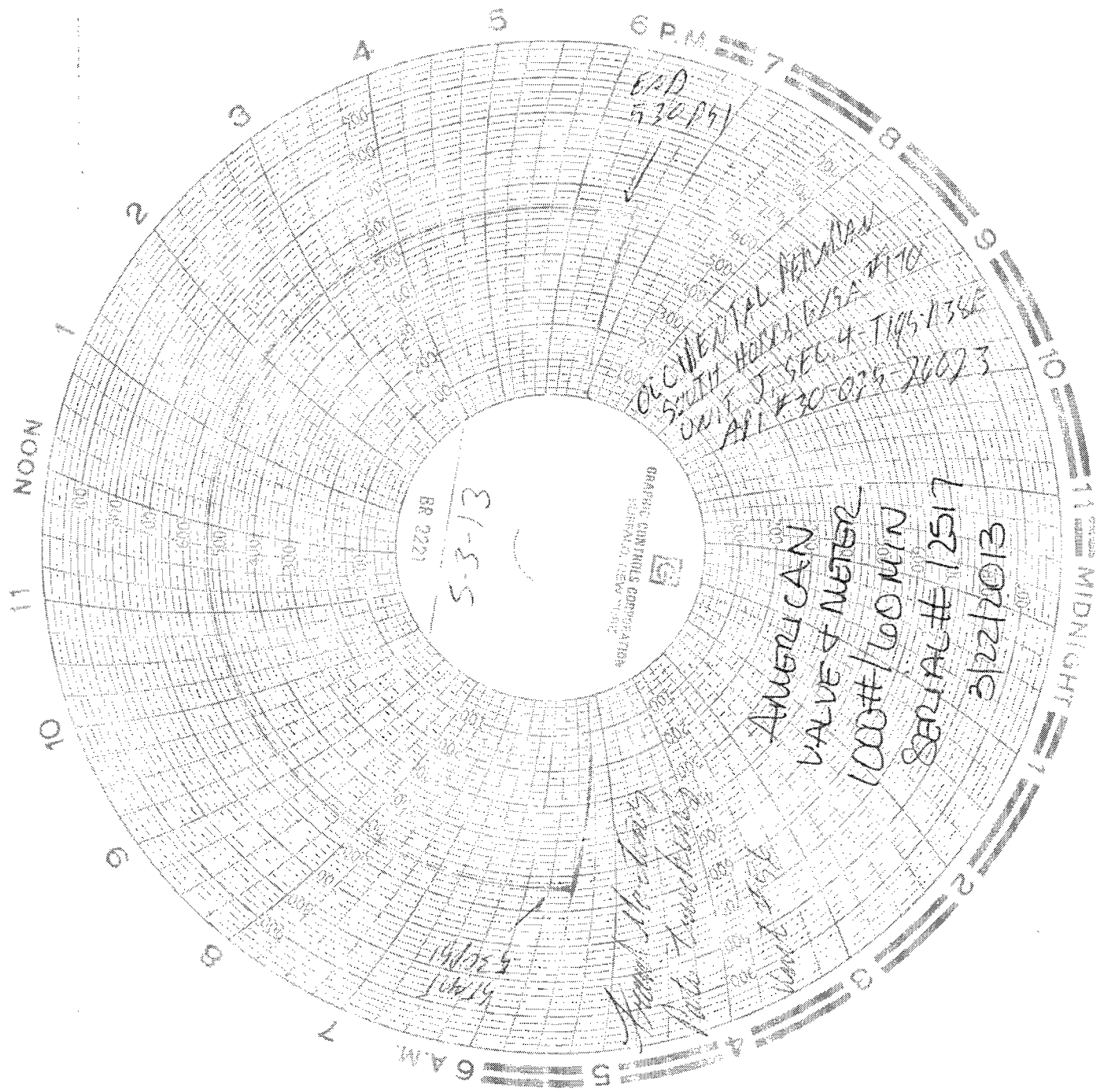
TITLE

Dist MGR

DATE 05-23-2013

CONDITIONS OF APPROVAL, IF ANY:

MAY 29 2013



6:20
5:30 P.M.

OCCIDENTAL PENINSULA
SOUTH HAVEN, CT 06488
UNIT J, SEC. 4, T19S, R13E
APR 30 07:5-26023

BR 2221
5-3-13

GRAPHIC CONTROLS CORPORATION
PO BOX 100, NEW YORK, NY 10001

AMERICAN
VALVE & MOTOR
1000# / 60 MIN
SERIAL # 12517
3/22/2013

5:30 P.M.
5:40 P.M.

Valve
Motor
Unit
J
Sec. 4
T19S
R13E