

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
Santa Fe, NM 87505

JUN 25 2014

RECEIVED

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. 30-025-07593 |
| 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 South Hobbs (G/SA) Unit |
| 8. Well No. 47 |
| 9. OGRID No. 157984 |
| 10. Pool name or Wildcat Hobbs (G/SA) |

| | |
|---|---------------------------------------|
| 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned Inj <input type="checkbox"/> | 8. Well No. 47 |
| 2. Name of Operator Occidental Permian Ltd. | 9. OGRID No. 157984 |
| 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 | 10. Pool name or Wildcat Hobbs (G/SA) |
| 4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>19-S</u> Range <u>38-E</u> <input checked="" type="checkbox"/> NMPM Lea County | |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3607' 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 _____ | |

| | |
|--|--|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER: _____ <input type="checkbox"/> | OTHER: <u>Casing Integrity Test</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: 05/21/2014

Pressure Readings: Initial - 540 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 ☐

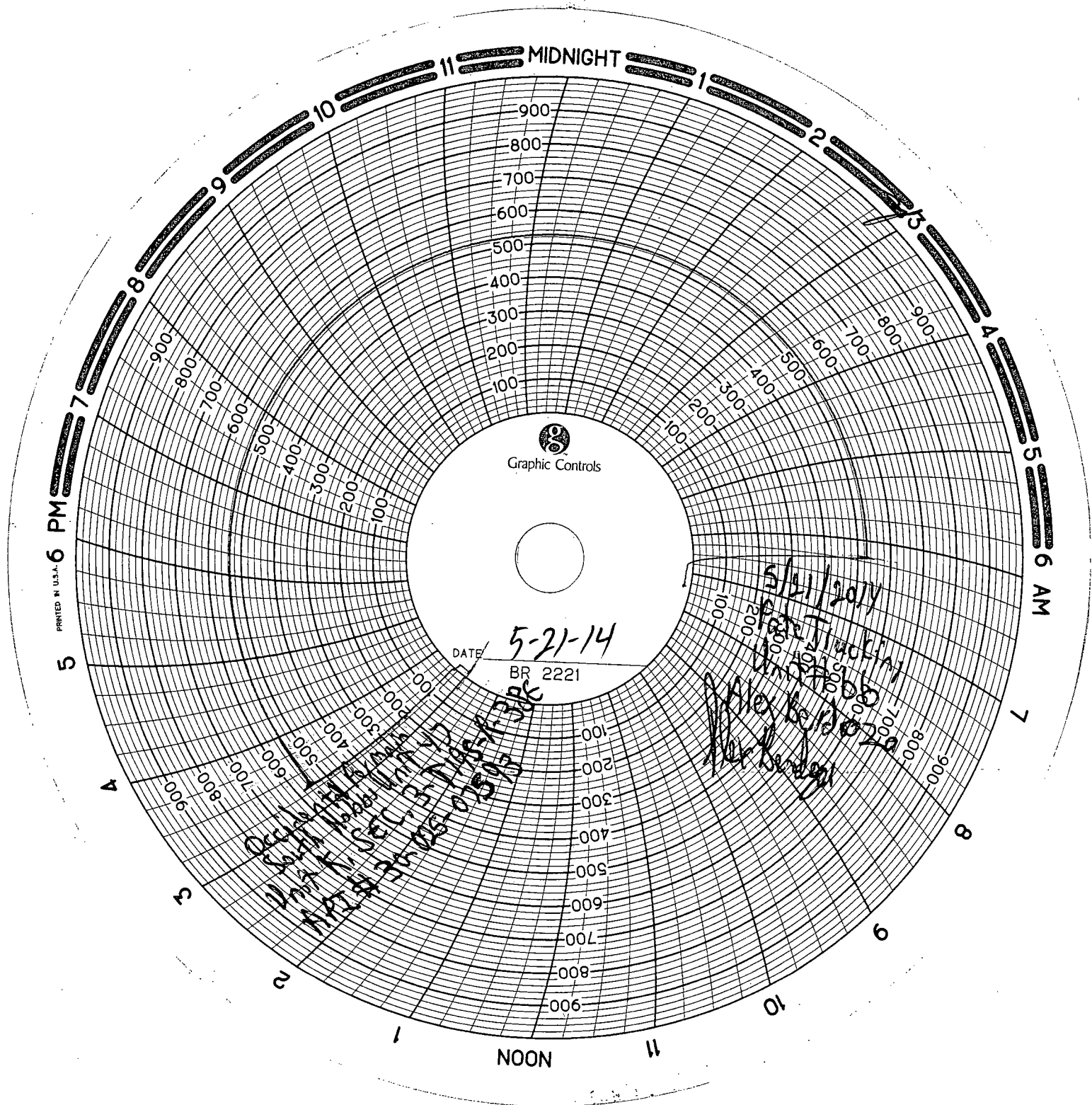
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 06/24/2014
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY Bil Senamahn TITLE State Manager DATE 6/24/2014

CONDITIONS OF APPROVAL IF ANY:

JUL 01 2014



American Valve & Meter, Inc.

1113 W. Broadway
P.O. Box 166
Hobbs New Mexico 88240

To: Pate Tr.

Date_04/02/14

This is to certify that:

I Bud Collins Technician for American Valve & Meter Inc. has checked
the calibration of the following instrument.

8" pressure recorder_

Serial No. 7842

at these points.

| Pressure# | | | Pressure # or Temperature* | | |
|-----------|-------|--------|----------------------------|-------|------|
| Test | Found | Left | Test | Found | Left |
| - 0 | - 0 | - 0 | - | - | - |
| - 500 | - | - 500 | - | - | - |
| - 700 | - | - 700 | - | - | - |
| - 1000 | - | - 1000 | - | - | - |
| - 200 | - | - 200 | - | - | - |
| - 0 | - | - 0 | - | - | - |

Remarks: _____

Signature Bud Collins

[Handwritten mark]