State of New Mexico Energy, Minerals and Natural Resources Department

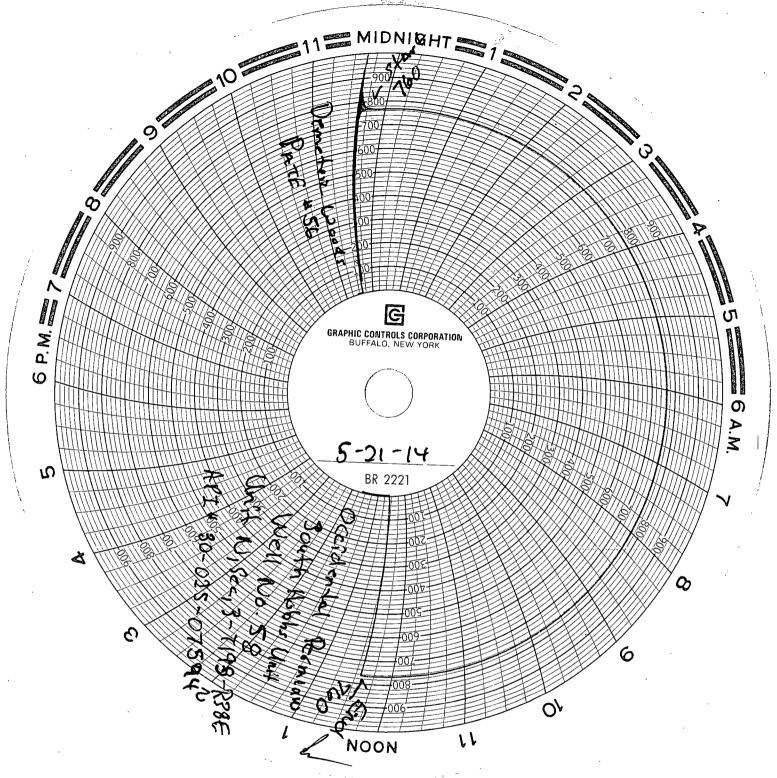
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Form C-103 Revised 5-27-2004

JUL 0 1 2014

FILE IN TRIPLICATE OIL CONSERVATION	DIVISION
DISTRICT I1220 South St. Franci1625 N. French Dr., Hobbs, NM 88240Santa Fe, NM 855	well Api NO.
DISTRICT II	5. Indicate Type of Lease
301 W. Grand Ave, Artesia, NM 88210	N 2 5 2014 STATE FEE X -
JU	6. State Oil & Gas Lease No.
000 Rio Brazos Rd, Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON WELLS	RECEIVED 7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such	
. Type of Well:	8. Well No. 58
Oil Well Gas Well Other Temporarily	Abandoned Inj
Name of Operator	9. OGRID No. 157984
Occidental Permian Ltd.	
Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323	
. Well Location	
Unit Letter N : 660 Feet From The South Line and	1980 Feet From The West Line
Section 3 Township 19-S	Range 38-E – NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, et	
3607' RDB	
t or Below-grade Tank Application or Closure	
t Type Depth of Ground Water Distance from nearest fresh	h water well Distance from nearest surface water
t Liner Thickness mil Below-Grade Tank: Volume bbls	
	·
2. Check Appropriate Box to Indicate Nature of No.	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIA	AL WORK ALTERING CASING
	NCE DRILLING OPNS PLUG & ABANDONMENT
ULL OR ALTER CASING Multiple Completion CASING	TEST AND CEMENT JOB
THER: OTHER: OTHER:	Casing Integrity Test
3. Describe Proposed or Completed Operations (Clearly state all pertinent details, and a	give partiagnt datas including estimated data of starting any
proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore dia	
	Grain of proposed completion of recompletion.
ate of Test: 05/21/2014	
essure Readings: Initial – 760 PSI; 15 min – 760 PSI; 30 min – 760 PSI	
ength of test: 30 minutes	
light of test. 50 minutes	
litnesséd: NO	
ereby certify that the information above is true and complete to the best of my knowledge and be	elief. I further certify that any pit or below-grade tank has been/will be
nstructed or osed according to NMOCD guidelines , a general permit or an (a	attached) alternative OCD approved
, a general permit or an (a plan	attached) alternative OCD-approved
Mand, The Althomas	
GNATURE TURQUE DIVIOV TITLE	Administrative Associate DATE 06/24/2014
(PE OR PRINT NAME Mendy A Johnson E-mail address: mendy	johnson@oxy.com TELEPHONE NO. 806-592-6280
or State Use Only	
3.00 1	St. 4 1
PPROVED BY TITLE	Statt Manage DATE 6/26/2014
ONDITIONS OF APPROVAL IF ANY:	. ,
	JUL 0 1 2010 h



. . American Valve & Meter, Inc.

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

To: Pate Tr.

Date\_04/02/14

Pressure # or Temperature\*

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#

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

Remarks:\_

Um Signature