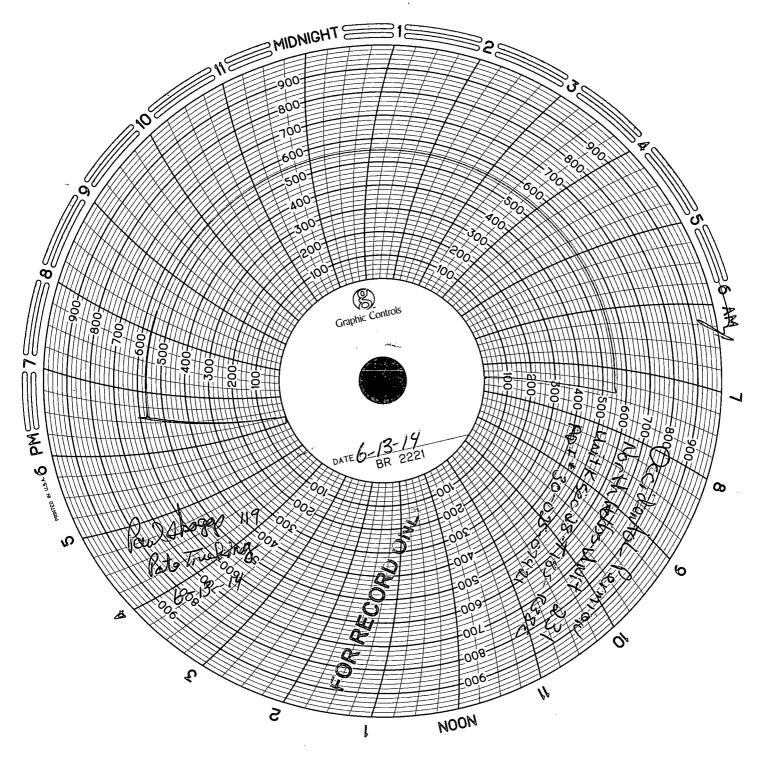
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE HOBBS OCT OIL CONSERVATION DIVISION					
DISTRICT I	WELL API NO. 30-25-07421				
1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 1625 N. French Dr., Hobbs, NM 88240 Santa Fe, NM 87505	5. Indicate Type of Lease				
1001 W. G 1	STATE FEE X				
DISTRICT III NOTICE THE PROPERTY OF THE PROPE	6. State Oil & Gas Lease No.				
1000 Rio Brazos Rd, Aztec, NM 87410					
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name				
(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.)	North Hobbs (G/SA) Unit Section 28				
1. Type of Well:	8. Well No. 231				
Oil Well Gas Well Other Injector					
2. Name of Operator	9. OGRID No. 157984				
Occidental Permian Ltd. 3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)				
HCR 1 Box 90 Denver City, TX 79323	Hobbs (Graft)				
4. Well Location .					
Unit Letter K : 1325 Feet From The South Line and 1325 Feet	et From The West Line				
Section 28 Township 18-S Range 38-J	E NMPM Lea County				
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3651' GL					
3031 GL					
Pit or Below-grade Tank Application or Closure					
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 Ma	aterial				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or	Other Data				
	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP					
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEI					
	51117 1001				
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed					
proposed work) SEE ROLE 1103. For Multiple Completions. Attach wendore diagram of proposed completion of recompletion.					
Date of Test: 06/13/2014					
Date of Test. 00/13/2014					
Pressure Readings: Initial – 560 PSI; 15 min – 550 PSI; 30 min – 550 PSI					
Length of test: 30 minutes					
Witnessed: NO					
Willessed. 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 nit or below-grade tank has been/will be				
constructed or	that any pit of octow-grade tank has been will be				
closed according to NMOCD guidelines , a general permit or an (attached) alternative	e OCD-approved				
The first of the same plan					
SIGNATURE / VUNCTO CONTINUE Administrative	Associate DATE <u>06/27/2014</u>				
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 Dill Donamah TITLE Stud	1 Nanage DATE 7/8/ 2014				
CONDITIONS OF APPROVAL IF ANY:	,				
	JUL 1 4 2014				
	- & & /IIII				



American Valve & Meter, Inc.
1113 W. Broadway
P.O. Box 166
Hobbs New Mexico 88240

To: _Pate Trucking				Date_06/11/14		
This is to	certify that:					
I_Bud Co	ollins	Techr	Technician for American Valve & Meter Inc. has checked			
the calibi	ration of the I	ollowing instrum	ent.			
8" pressure recorder_				Serial No. 2619		
at these p	ooints.					
Pressure#			Pressure # or Temperature*			
Test	Found	Left	Test	Found	Left	
- 0	- 0	- 0	+	-	-	
- 500	-	- 500	-	-	-	
- 700	•	- 700	-	-	-	
- 1000	-	- 1000	-	-	-	
- 200	-	- 200	•	-	-	
- 0	-	- 0	-	-	-	
Remarks:		· · · · · · · · · · · · · · · · · · ·				
				<i>5</i> 1		