

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

HOBBS OCD

OIL CONSERVATION DIVISION

DISTRICT I  
1625 N. French Dr., Hobbs, 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

JUL 01 2014

RECEIVED

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.)		WELL API NO. 30-025-12506
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
4. Well Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well No. <u>321</u>
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3628' GR		9. OGRID No. <u>157984</u>
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 _____		10. Pool name or Wildcat <u>Hobbs (G/SA)</u>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	OTHER: <u>Casing Integrity Test</u> <input checked="" type="checkbox"/>
Multiple Completion <input 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: 06/04/2014

Pressure Readings: Initial – 620 PSI; 15 min – 620 PSI; 30 min – 620 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 06/27/2014  
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 Bel Semanah TITLE Staff Manager DATE 7/8/2014

CONDITIONS OF APPROVAL IF ANY:

JUL 14 2014

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5

6 PM

7

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9

10

11

MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

2

3

4

NOON

11

1

DATE

BR 2221

6-4-14



Graphic Controls

Occidental Petroleum  
North Hobbs, Unit  
Well No. 32-321  
Unit, G, Sec. 32-T18S-R30E  
API # 30-025-12506

FOR RECORD

HOBBS OGD

JUL 01 2014

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Donatelo Water  
page 56



**American Valve & Meter, Inc.**

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

To: Pate Trucking

Date 04/09/14

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. MFG3219

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



