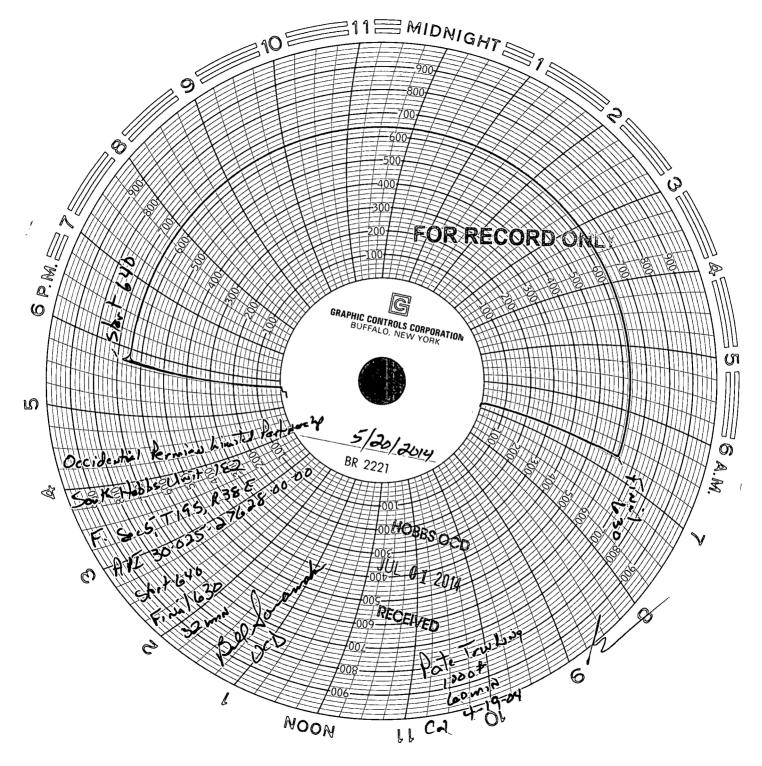
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION					
DISTRICT I HOBBS OC 1625 N. French Dr. , Hobbs, NM 88240	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-27628				
DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210JUL 01 20	014	5. Indicate Type of Lease STATE FEE X				
DISTRICT III		6. State Oil & Gas Lease No.				
1000 Rio Brazos Rd, Aztec, NM 87410	D					
SUNDRY NOTICES A	7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION"	South Hobbs (G/SA) Unit					
Type of Well: Oil Well Gas	Well Other Injector	8. Well No. 182				
Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984					
3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)				
HCR 1 Box 90 Denver City, TX 79323		, , ,				
4. Well Location Unit Letter F: 1785 Feet Fi	rom The North Line and 1810 Fee	et From The West Line				
Section 5	Township 19-S Range 38-1	E NMPM Lea County				
11. Ele 3621	vation (Show whether DF, RKB, RT GR, etc.) GL					
Pit or Below-grade Tank Application 0	Closure	territoria de la constitución de				
	Distance from nearest fresh water well	Distance from nearest surface water				
	Grade Tank: Volume bbls; Construction Ma					
12. Check Approp NOTICE OF INTENTION	riate Box to Indicate Nature of Notice, Report, or 6 I TO: SUB	Other Data SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING						
TEMPORARILY ABANDON CHANG	NS. PLUG & ABANDONMENT					
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB						
OTHER: OTHER: Casing Integrity Test X						
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: 05/201/2014		•				
Pressure Readings: Initial – 640 PSI; 15 min – 640 PSI; 30 min – 630 PSI						
Length of test: 30 minutes						
Witnessed: NO						
I hereby certify that the information above is true and cor constructed or	nplete to the best of my knowledge and belief. I further certify	that any pit or below-grade tank has been/will be				
closed according to NMOCD guidelines	, a general permit or an (attached) alternativ	e OCD-approved				
	plan plan					
SIGNATURE / NUMBER OF COLUMN SIGNATURE	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	51.0	7/6/2011				
APPROVED BY CONDITIONS OF APPROVAL IF ANY:	aman TITLE Staff	Manager DATE 7/8/2014				
		JUL 1 4 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 CollinsTec		Technicia	echnician for American Valve & Meter Inc. has checked				
the calib	ration of the f	ollowing instrument	<u>.</u>				
8" pressure recorder_			Serial No. 7842				
at these	points.						
	Pressure#		Pres	Pressure # or Temperature*			
Test	Found	Left	Test	Found	Left		
- 0	- 0	- 0	-	•	-		
- 500	-	- 500	•	-	-		
- 700	-	- 700	-	-	-		
- 1000	-	- 1000	- ,	-	-		
- 200	-	- 200	•	-	-		
- 0	-	- 0	. •	-	-		
Remarks							