

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

WELL API NO. 30-025-27243 ✓
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 North Hobbs (G/SA) Unit Section 28
8. Well No. 422 ✓
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>	
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector</p>	
<p>2. Name of Operator Occidental Permian Ltd.</p>	
<p>3. Address of Operator HCR 1 Box 90 Denver City, TX 79323</p>	
<p>4. Well Location Unit Letter <u>H</u> : <u>2199</u> Feet From The <u>North</u> Line and <u>772</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>18-S</u> Range <u>38-E</u> ✓ NMPM Lea County</p>	
<p>11. Elevation (Show whether DF, RKB, RT GR, etc.) 3646' KB</p>	
<p>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 _____</p>	

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

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: 06/03/2014

Pressure Readings: Initial – 510 PSI; 15 min – 505 PSI; 30 min – 500 PSI

Length of test: 30 minutes

Witnessed: NO

<p>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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/></p>			
SIGNATURE	<u>Mendy A. Johnson</u>	TITLE	<u>Administrative Associate</u>
DATE	<u>06/27/2014</u>		
TYPE OR PRINT NAME	<u>Mendy A. Johnson</u>	E-mail address:	<u>mendy_johnson@oxy.com</u>
		TELEPHONE NO.	<u>806-592-6280</u>

For State Use Only

APPROVED BY	<u>Bill Samanah</u>	TITLE	<u>Staff Manager</u>	DATE	<u>7/8/2014</u>
CONDITIONS OF APPROVAL IF ANY:					

JUL 14 2014

FOR RECORD ONLY

Graphic Controls LLC
(6.375 ARC LINE GRAD.)

6/03/2014

DATE
MCI P 0-1000-8-96MIN

HOBBS OCD

JUL 01 2014

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OKYU3A-1-10-14
North Hobbs (GSA) Unit 28-422

IT-28-18-38
API 30-025-27243

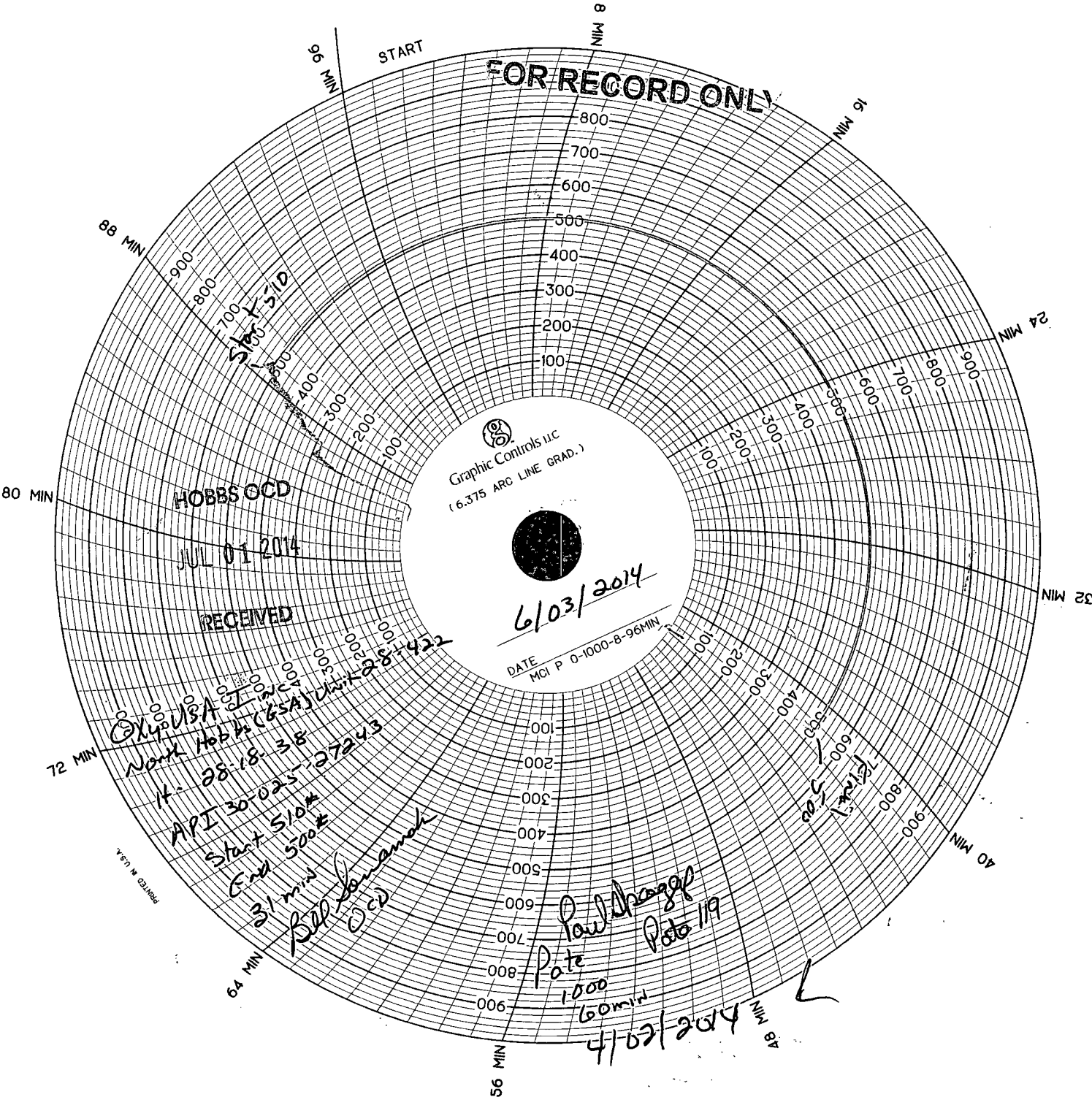
Start 510A
End 500E

31 min

Bill Vandam
OCD

Paul Dragg
Pate
1000
60min

4/02/2014



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



h