

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-07472
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>FED</b> <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
8. Well Number 331
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3654' DF

**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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☐ Injector

2. Name of Operator  
Occidental Permian, Ltd

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
Unit Letter J : 2335 feet from the South line and 2310 feet from the East line  
Section 30 Township 18-S Range 38-E NMPM Lea County

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"/> P AND A <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: Casing integrity test <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Date of test: 04/13/2017

Pressure readings: Initial - 560 PSI Ending - 520 PSI

Length of test: 32 minutes

Witnessed: YES - Kerry Fortner - OCD

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mendy A. Johnson TITLE Admin. Associate DATE 04/28/2017

Type or print name Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com PHONE: 806-592-6280

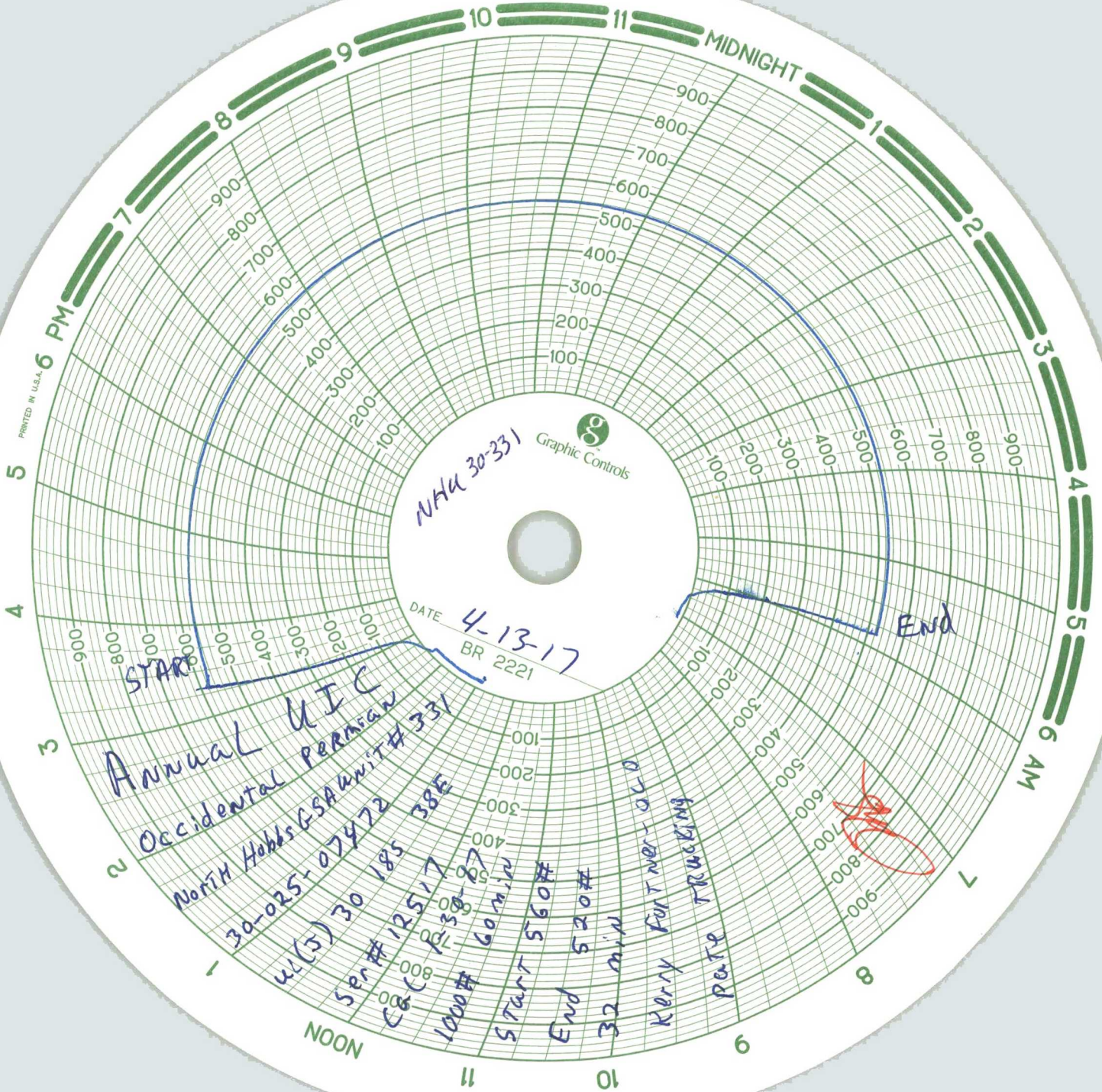
**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer DATE 5/4/17

Conditions of Approval (if any):



PRINTED IN U.S.A. 6 PM



NAH 30-331



DATE 4-13-17  
BR 2221

Annual UIC  
Occidental PERMAN  
North Hobbs GSA UNIT # 331  
30-025-07472

UL(3) 30 185 38E  
SER # 12517  
C8 (12-30-17)  
1000# 60 min  
START 560#  
End 520#  
32 min

Kerry Fortner - old  
Rate Tracking

Handwritten signature or initials in red ink.

START

End