

FILE IN TRIPLICATE

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

JUN 25 2014

RECEIVED

WELL API NO. 30-025-28333 <input checked="" type="checkbox"/>
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 South Hobbs (G/SA) Unit
8. Well No. 129
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p>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.)</p>	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	8. Well No. 129
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location Unit Letter: <u>M</u> : <u>100</u> Feet From The <u>South</u> Line and <u>900</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> <input checked="" type="checkbox"/> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3618' GL	
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 _____	

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Casing Integrity Test</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Date of Test: 05/19/2014

Pressure Readings: Initial - 750 PSI; 15 min - 750 PSI; 30 min - 750 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

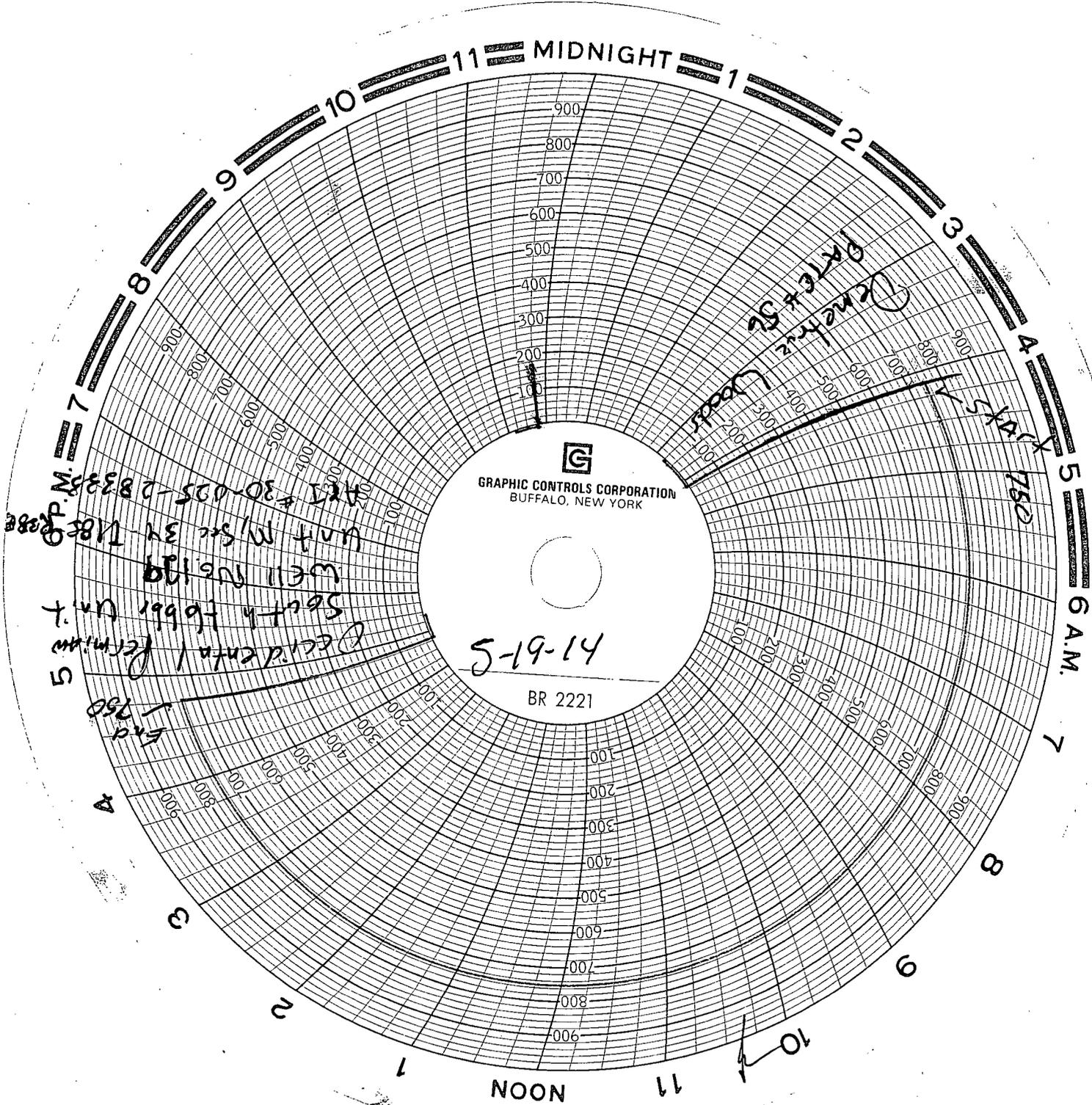
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 06/24/2014
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY Bill Sanamiah TITLE Staff Manager DATE 6/26/2014

CONDITIONS OF APPROVAL IF ANY:

JUL 01 2014



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

5-19-14

BR 2221

Acidental / Permian
South Hobbs Unit
Well No. 119
Unit No. 34
Unit No. 33
Unit No. 32
Unit No. 31
Unit No. 30
Unit No. 29
Unit No. 28
Unit No. 27
Unit No. 26
Unit No. 25
Unit No. 24
Unit No. 23
Unit No. 22
Unit No. 21
Unit No. 20
Unit No. 19
Unit No. 18
Unit No. 17
Unit No. 16
Unit No. 15
Unit No. 14
Unit No. 13
Unit No. 12
Unit No. 11
Unit No. 10
Unit No. 9
Unit No. 8
Unit No. 7
Unit No. 6
Unit No. 5
Unit No. 4
Unit No. 3
Unit No. 2
Unit No. 1

Unit No. 32
Unit No. 31
Unit No. 30
Unit No. 29
Unit No. 28
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Unit No. 8
Unit No. 7
Unit No. 6
Unit No. 5
Unit No. 4
Unit No. 3
Unit No. 2
Unit No. 1

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MIDNIGHT

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

