

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

JUL 01 2014
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-07537	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32	
8. Well No. 431	<input checked="" type="checkbox"/>
9. OGRID No. 157984	
10. Pool name or Wildcat Hobbs (G/SA)	

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> <input checked="" type="checkbox"/> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3636' 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: 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"/>	SUBSEQUENT REPORT OF: 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"/>

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: 06/05/2014

Pressure Readings: Initial - 565 PSI; 15 min - 570 PSI; 30 min - 580 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

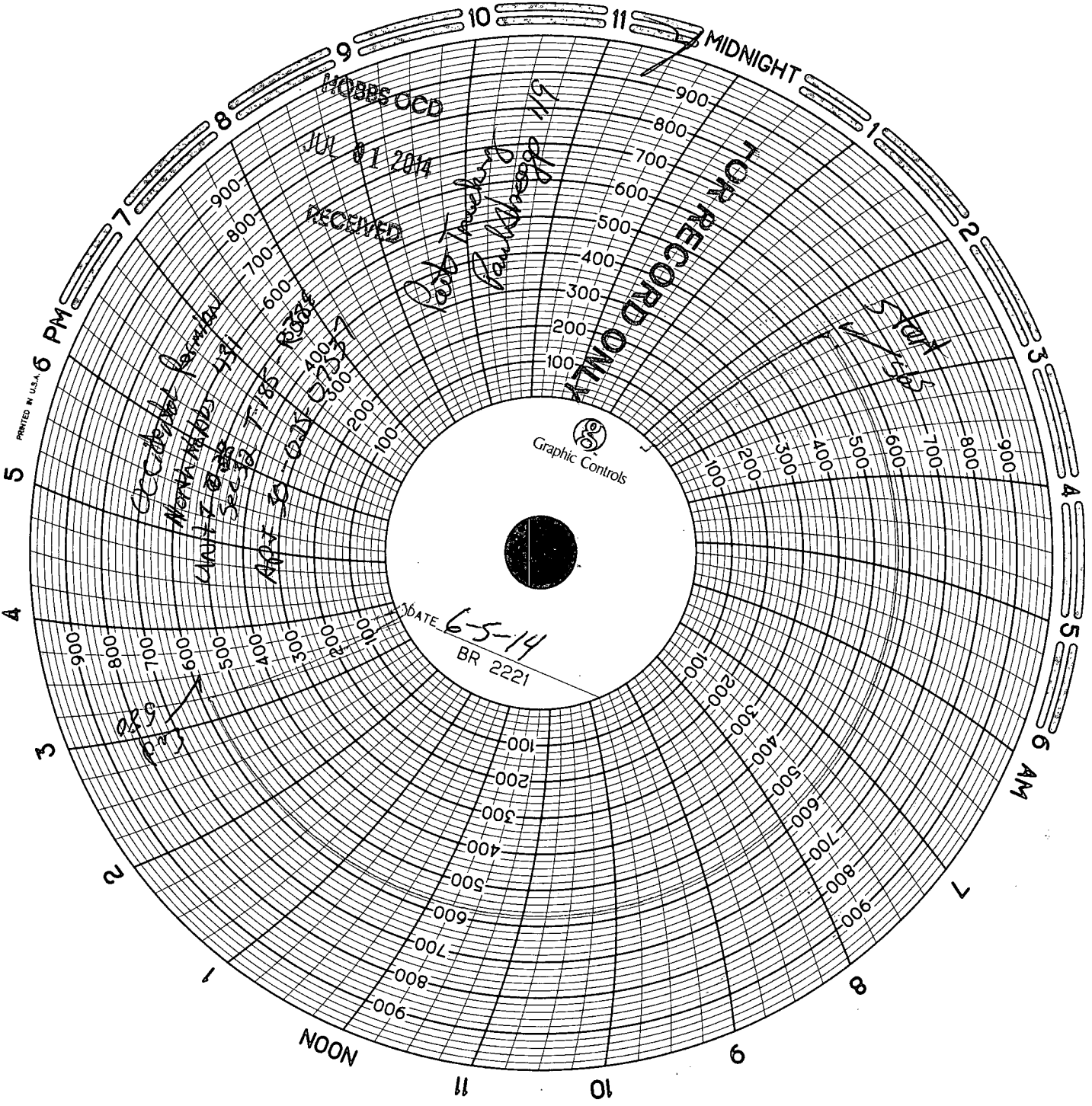
APPROVED BY Bill Hernandez TITLE Staff Manager DATE 7-8-2014

CONDITIONS OF APPROVAL IF ANY:

JUL 14 2014

h

PRINTED IN U.S.A.



MOBBS OCB

JUL 01 2014

RECEIVED

East Teaching
Paul Wherry

CC Center for Research
Northridge
Unit 7 @ 10
Sec 32

APT 50 - ONLY
07537

DATE 6-5-14
BR 2221

220
100

100
200
300
400
500
600
700
800
900

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

Bud Collins

h