

HOBBS OCD

AUG 27 2014

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

RECEIVED

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

WELL API NO. 30-025-29172
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 19
8. Well No. 232
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 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 K : 2501 Feet From The South Line and 1410 Feet From The West Line
Section 19 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3661' GR

Pit or Below-grade Tank Application or Closure
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"/>	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"/>
OTHER: _____ <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: 08/20/2014
Pressure Readings: Initial - 650 PSI; 15 min - 640 PSI; 30 min - 645 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 NMOCDD guidelines , a general permit or an (attached) alternative OCD-approved plan

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 08/25/2014
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 Bel Sanamata TITLE Staff Manager DATE 9/5/2014
CONDITIONS OF APPROVAL IF ANY:

FOR RECORD ONLY

SEP 12 2014

Handwritten initials

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.

Test	Pressure#		Test	Pressure # or Temperature*		
	Found	Left		Found	Left	
- 0	- 0	- 0	-	-	-	
- 500	-	- 500	-	-	-	
- 700	-	- 700	-	-	-	
- 1000	-	- 1000	-	-	-	
- 200	-	- 200	-	-	-	
- 0	-	- 0	-	-	-	

Remarks: _____

Signature 

PRINTED IN U.S.A.

FRIDAY

THURSDAY
NOON 3 9

SATURDAY
NOON 3 9

WEDNESDAY
NOON 3 9

SUNDAY
NOON 3 9

TUESDAY
NOON 3 9

MONDAY
NOON 3 9

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

MINI 19-232
30.025-29172
BR 4717

FOR RECORD ONLY

Wkly Hrs
9/5/2004
6/5/2004

