

FILE IN TRIPLICATE

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

WELL API NO. 30-025-07635
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

<p align="center">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>		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input type="checkbox"/>	HOBBS OGD	8. Well No. 11
2. Name of Operator Occidental Permian Ltd.	JUN 12 2015	9. OGRID No. 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	RECEIVED	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> <u>330</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3628' DF		
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: 05/12/2015

Pressure readings: Initial – 580 PSI; Ending – 560 PSI

Length of test: 32 minutes

Witnessed: Yes – George Bower w/NMOCD

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 06/11/2015
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

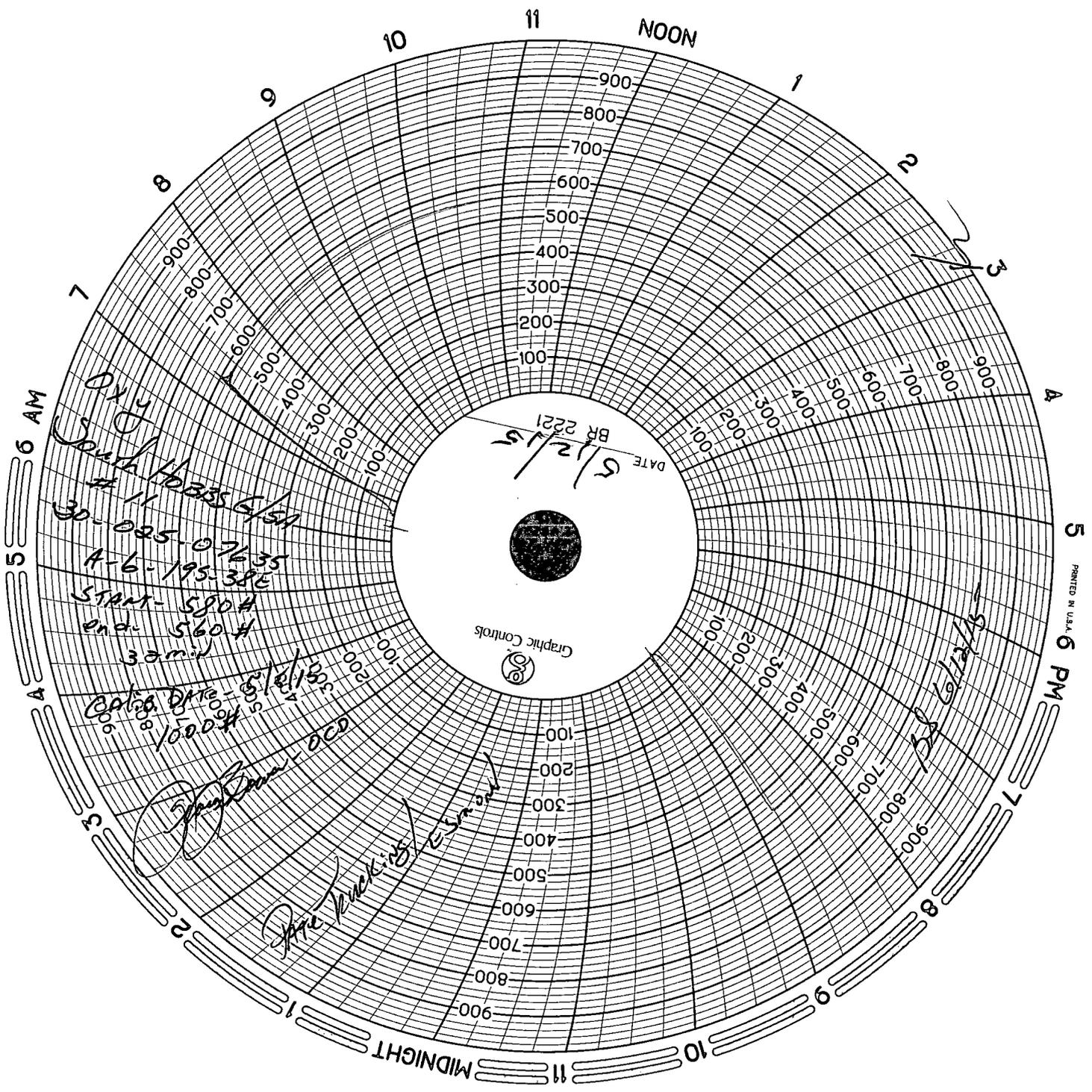
For State Use Only

APPROVED BY Bill Sawannah TITLE Staff Manager DATE 6/12/15

CONDITIONS OF APPROVAL IF ANY:

JUN 16 2015

[Handwritten signature]



Graphic Controls

DATE 5/2/54
BR 2221

Oxyc
South Harbor
11
30-025-07235
A-6-195-38E
START-580A
END-560A
TIME 3 min

DATE 5/1/54
1000
1000

[Signature]

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