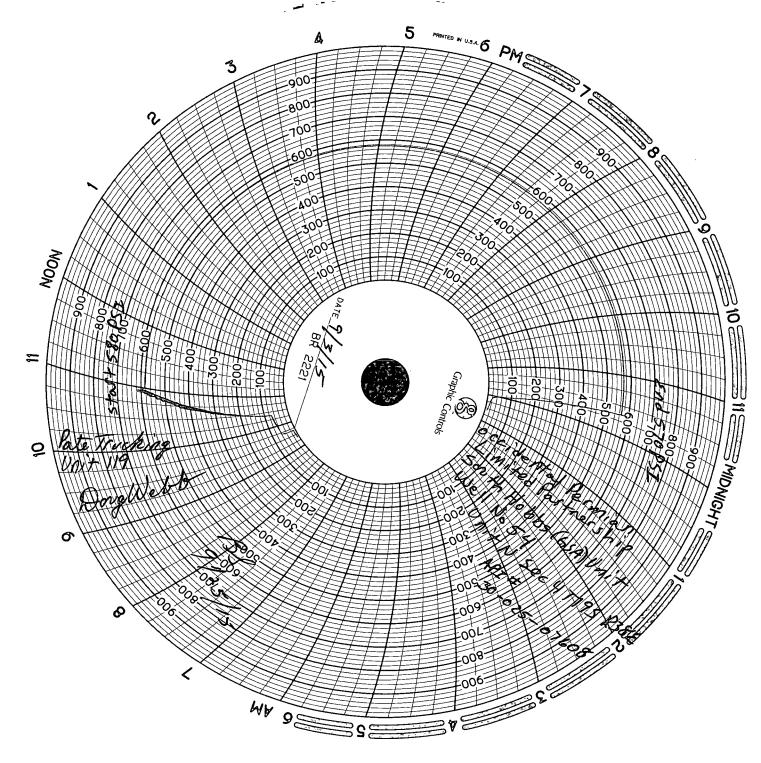
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERV.	ATION DIVISION					
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-07608				
<u>DISTRICT II</u>	<i>5</i>	11 07505	5. Indicate Type of Lease				
1301 W. Grand Ave, Artesia, NM 88210			STATE X	FEE			
DISTRICT III			6. State Oil & Gas Lease No.				
1000 Rio Brazos Rd, Aztec, NM 87410							
SUNDRY NO	TICES AND REPORTS ON WE	LLS	7. Lease Name or Unit Agreem	ient Name			
	OPOSALS TO DRILL OR TO DEEPEN		South Hobbs (G/SA) Unit				
	PPLICATION FOR PERMIT" (Form C-1	01) for such proposals.)					
1: Type of Well: Oil Well	Gas Well Other In	jector	8. Well No. 54	_			
Name of Operator Occidental Permian Ltd.		SEP 2 3 2015	9. OGRID No. 157984				
3. Address of Operator	-		10. Pool name or Wildcat	Hobbs (G/SA)			
HCR 1 Box 90 Denver City, TX	79323	DECEMEN					
4. Well Location		4 812					
Unit Letter N : 660			eet From The West	_ Line			
Section 4	Township 19-S		-E NMPM	Lea County			
	11. Elevation (Show whether DF, RF 3606' DF	KB, RT GR, etc.)					
Pit or Below-grade Tank Application	or Closure						
		earest fresh water well	Distance from nearest su	rface water			
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							
TH Ellier Thicknessthin	Below-Grade Tank. Volume	oois, construction is	Tatoriai				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING C		BANDONMENT			
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEM	<u> </u>	<i>D7.11.15.01.11.11.21.11</i>			
	Multiple Completion		<u></u>	 			
OTHER:		OTHER: Casing Inte	egrity Test	· [X ·]			
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: 09/03/2015				:			
Take of Test. On On Dollar							
Pressure Readings: Initial – 580 PSI	Ending – 570 PSI						
Length of test: 30 minutes							
Witnessed: NO							
				:			
I hereby certify that the information above is t	rue and complete to the best of my know	ledge and belief. I further certi	fy that any pit or below-grade tank h	as been/will be			
constructed or		7 /					
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved							
plan plan							
SIGNATURE / / / / / / /	t CACHOTONO N	TITLE Administrativ	e Associate DATE	09/21/2015			
TYPE OR PRINT NAME Mendy A. Jo	hnson E-mail address:	mendy_johnson@oxy.co	m TELEPHONE NO.	806-592-6280			
For State Use Only	0	*					
APPROVED BY Billy	Semanah	TITLE SA	H Manager DAT	E 9/25/15			
CONDITIONS OF APPROVAL IF ANY:			2				

SEP 28 2015



American Valve & Meter, Inc.

1113 W. BROADWAY P.O. BOX 166 HOBBS, NM 88240

TO: Pate Trucking			DATE: 8.17-15				
This is to c	ertify that:						
I. Tony Flores		, Technician for American Valve & Meter,					
Inc., has ch	ecked the cali	bration of th	e following instrument.				
8" pressure recorder			Serial No: _/25/7				
at these poi	ints.						
Pressure 0-1000#			Temperature				
<u>Test</u>	Found	<u>Left</u>	Test	<u>Found</u>	<u>Left</u>		
0	***************************************	$\underline{\theta}$			_		
500	-	500		/			
200		700	-				
1000	NO DESCRIPTION OF THE PERSON O	1000					
200		200			<u>*</u>		
0	- Annual Property Colores	0	-4	- Anning and Anning Ann	\		
Remarks	6 0						
			/	11			

Signature Jony Stores