State of New Mexico Energy, Minerals and Natural Resources Department

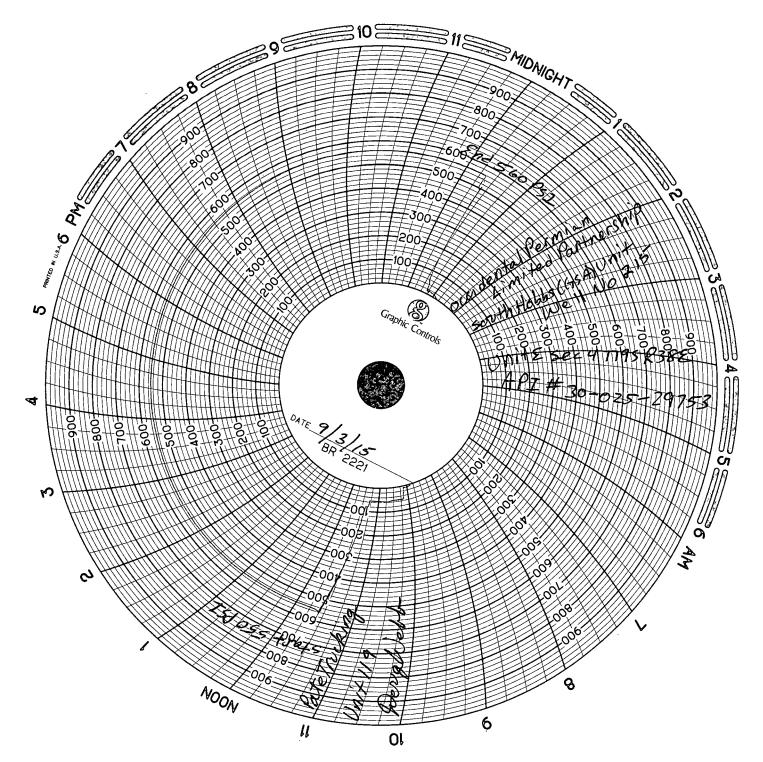
Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERVATION DIVISION	Revised 5-27-2004
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-29753
DISTRICT II		5. Indicate Type of Lease
1301 W. Grand Ave, Artesia, NM 88210		STATE X FEE
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		6. State Oil & Gas Lease No.
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
,	ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	South Hobbs (G/SA) Unit
1. Type of Well: Oil Well	Gas Well Other Injector	8. Well No. 215
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 I Box 90 Denver City, TX 4. Well Location	79323 KECEIVEE	
Unit Letter E 1398	Feet From The North Line and 1227 Fee	t From The West Line
Section 4	Township 19-S Range 38-F	NMPM Lea County
	11. Elevation (Show whether DF, RKB, RT GR, etc.) 3607' GL	
Pit or Below-grade Tank Application	or Closure	
Pit Type Depth of Groun	d Water Distance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness mil	Below-Grade Tank: Volume bbls; Construction Ma	terial
12. Chec NOTICE OF INT	k Appropriate Box to Indicate Nature of Notice, Report, or CENTION TO: SUBS	Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPI	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING	Multiple Completion CASING TEST AND CEMEN	IT JOB
OTHER:	OTHER: Casing Integ	rity Test X
	perations (Clearly state all pertinent details, and give pertinent dates For Multiple Completions: Attach wellbore diagram of proposed of	
Date of Test: 09/03/2015		A Committee of the Comm
Pressure Readings: Initial – 550 PSI	Ending – 560 PSI	
Length of test: 30 minutes		
Witnessed: NO		
	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	e OCD-approved
SIGNATURE MUNICIPALITY	TITLE Administrative	Associate DATE 09/21/2015
TYPE OR PRINT NAME Mendy A	ohnson E-mail address: mendy_johnson@oxy.com	TELEPHONE NO. 806-592-6280
For State Use Only		10 10 Alvelie
APPROVED BY / SULLY	somanan title st	aff Manager Date 9/25/15
CONDITIONS OF APPROVAL IF ANY		

SEP 28 2015







American Valve & Meter, Inc.

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

	Ny Flore		, Technician for American Valve & Meter		
Inc., has checked the calibration of the			se following instrument. Serial No: 12517		
at these p		-OI (AL)	SVI BOX 111		
Pressure 0-1000#			Temperature		
Test	Found	Left	Test	Found Left	
0		θ			
500		500			
200		700			
200	appropriate discussion of the second	1000			
200	emperature (The page	200			
9		0	4		
lemar k	S 6		enterfactors de descripcion con ou superioris de descripcion de mêmbre de la preferencia de la confession de d 	TE THE STATE OF TH	