

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

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. 30-025-07609
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 South Hobbs (G/SA) Unit
8. Well No. 56
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"/>	8. Well No. 56
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 4 Township 19-S Range 38-E NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3611' KB	
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"/>	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: _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing Integrity Test <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: 09/21/2015

Pressure Readings: Initial - 560 PSI Ending - 560 PSI

Length of test: 32 minutes

Witnessed: Yes - George Bowers 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 10/29/2015
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 Samamah TITLE Staff Manager DATE 11/3/15
CONDITIONS OF APPROVAL IF ANY:

NOV 04 2015

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MIDNIGHT

Graphic Controls

DATE 9/21/15
BR 2221

OK
Bank Access #56
30-005-07609
P-4-195-385
Cal. b. Date-8/17/15
1000#
Start 560#
End 560#
39min

Handwritten signature
Done
Handwritten signature

BS
11/3/15

American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166

HOBBS, NM 88240

TO: Pate Trucking

DATE: 8.17.15

This is to certify that:

I, Tony Flores, Technician for American Valve & Meter, Inc., has checked the calibration of the following instrument.

8" pressure recorder Serial No: 12517

at these points.

Pressure 0-1000#

Temperature _____

<u>Test</u>	<u>Found</u>	<u>Left</u>
<u>0</u>	<u>—</u>	<u>0</u>
<u>500</u>	<u>—</u>	<u>500</u>
<u>700</u>	<u>—</u>	<u>700</u>
<u>1000</u>	<u>—</u>	<u>1000</u>
<u>200</u>	<u>—</u>	<u>200</u>
<u>0</u>	<u>—</u>	<u>0</u>

<u>Test</u>	<u>Found</u>	<u>Left</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>

Remarks: _____

Signature Tony Flores