

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis
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.
30-025-31424

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
South Hobbs (G/SA) Unit

8. Well No. 238

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 O : 660 Feet From The South 2610 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.)
3606' 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"/>	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: 09/21/2015
Pressure readings: Initial - 560 PSI Ending - 560 PSI
Length of test: 30
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 Samanaka TITLE Staff Manager DATE 11/3/15
CONDITIONS OF APPROVAL IF ANY:

NOV 04 2015



BS
11/3/15

DATE
9/21/15
BR 2221

Graphic Controls
8

Oxy
South 20035 G/SK # 238
30-025-31424
0-4-195-38E

Calc. Date - 8/17/15
1000#
5800#
% End - 560#
30 min

Paul Brown

Paul
Manning

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>

Remarks: _____

Signature Tony Flores