

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. 30-025-05492	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 25	<input checked="" type="checkbox"/>
8. Well No. 431	<input checked="" type="checkbox"/>
9. OGRID No. 157984	<input checked="" type="checkbox"/>
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** **HOBBS OCD**

2. Name of Operator: Occidental Permian Ltd.

3. Address of Operator: HCR 1 Box 90 Denver City, TX 79323 **APR 27 2016**

4. Well Location: Unit Letter I : 2310 Feet From The South 330 Feet From The East Line
Section 25 Township 18-S Range 37-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3649' GL

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: 04/12/2016
Pressure readings: Initial – 540 PSI Ending – 555 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 **OB**

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 04/26/2016
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 Sawamah TITLE Staff Manager DATE 4-29-16
CONDITIONS OF APPROVAL IF ANY:

APR 29 2016
OB

MIDNIGHT

1

2

3

4

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6 AM

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10

11

NOON

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6 PM

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Graphic Controls

NHU 25-431

DATE

4/12/16

BR 2221

044
North House #431
30-025-05492
I-25-185-375

Cal. O. Data 12/2/15
1000 #
Start 5:40 #
end 5:55 #
end 30 #

[Handwritten signature]
Mr. Tamm

BS

4-27-16

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