

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

MAY 16 2016

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

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

RECEIVED

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05477
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
8. Well No. 111
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 D : 330 Feet From The North 990 Feet From The West Line
Section 24 Township 18-S Range 37-E NMPM Lea County Lea

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3685'DF

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: 04/15/2016

Pressure readings: Initial - 600 PSI Ending 595 PSI

Length of test: 32 minutes

Witnessed: YES - George Bowers w/NMOCD

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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 05/11/2016
 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 Bel Semanah TITLE Staff Manager DATE 5-24-16

CONDITIONS OF APPROVAL IF ANY:

FOR RECORD ONLY

PRINTED IN U.S.A. 6 PM

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Graphic Controls

DATE 4/15/16
BR 2221

HOBBS OCD

RECEIVED

MAY 16 2016

STX
MAY 16 2016
D-24-05-05-05
Call Date - 12/15/16
1,000 @ 6000
Est. 1000 @ 6000
And 1000 @ 6000
6000 min

John Daven - OCD

Pose Trucking

111-111
24-111

5/24/16
S. Davis