

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

JUN 13 2016

OIL CONSERVATION DIVISION

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

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

WELL API NO. 30-025-12497
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 North Hobbs (G/SA) Unit Section 28
8. Well No. 131
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 L : 2310 Feet From The South Line and 330 Feet From The West Line
Section 28 Township 18-S Range 38-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: 05/23/2016

Pressure Readings: Initial - 500 PSI Ending - 500 PSI

Length of test: 30 minutes

Witnessed: YES - Kristel Heady 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 06/08/2016
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 Mary Brown TITLE Dist. Supervisor DATE 6/13/2016
CONDITIONS OF APPROVAL IF ANY _____

American Valve & Meter, Inc.

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

T0: Pate Trucking

DATE: 12/15/15

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

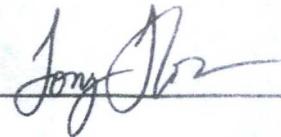
Ser.# 12517

at these points.

Test	Pressure #		Test	Temperature *or Pressure #	
	Found	Left		Found	Left
- 0	-	- 0	-	-	-
- 500	-	- 500	-	-	-
- 700	-	- 700	-	-	-
- 1000	-	- 1000	-	-	-
- 200	-	- 200	-	-	-
- 0	-	- 0	-	-	-

Remarks: _____

Signature: _____



State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-12497
Property Name NORTH SOUTH HOBBS (G/SA) UNIT	Well No. 131

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
L	28	18^S	38E	2310	South	330	West	LEA

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> YES	SWD	OIL PRODUCER OIL	GAS	DATE 6/2/16
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	\emptyset	\emptyset	N/A	\emptyset	1050
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	<input checked="" type="radio"/> Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	Waterflood if
					applies.

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

D) Puff down to zero in less than 3 sec.

Donald Higgins 575-631-9886

Signature: Mendy Johnson	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: 6/8/16	Phone: 806-592-6280
Witness:	