

HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

JUN 22 2016

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. 30-025-29752
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 Section 5
8. Well No. 213
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 checked="" type="checkbox"/> Other <input type="checkbox"/> 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 <u>A</u> : <u>890</u> Feet From The <u>North</u> Line and <u>1275</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3623' 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"/>	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: 05/24/2016

Pressure readings: Initial - 540 PSI Ending - 540 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 06/20/2016

TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

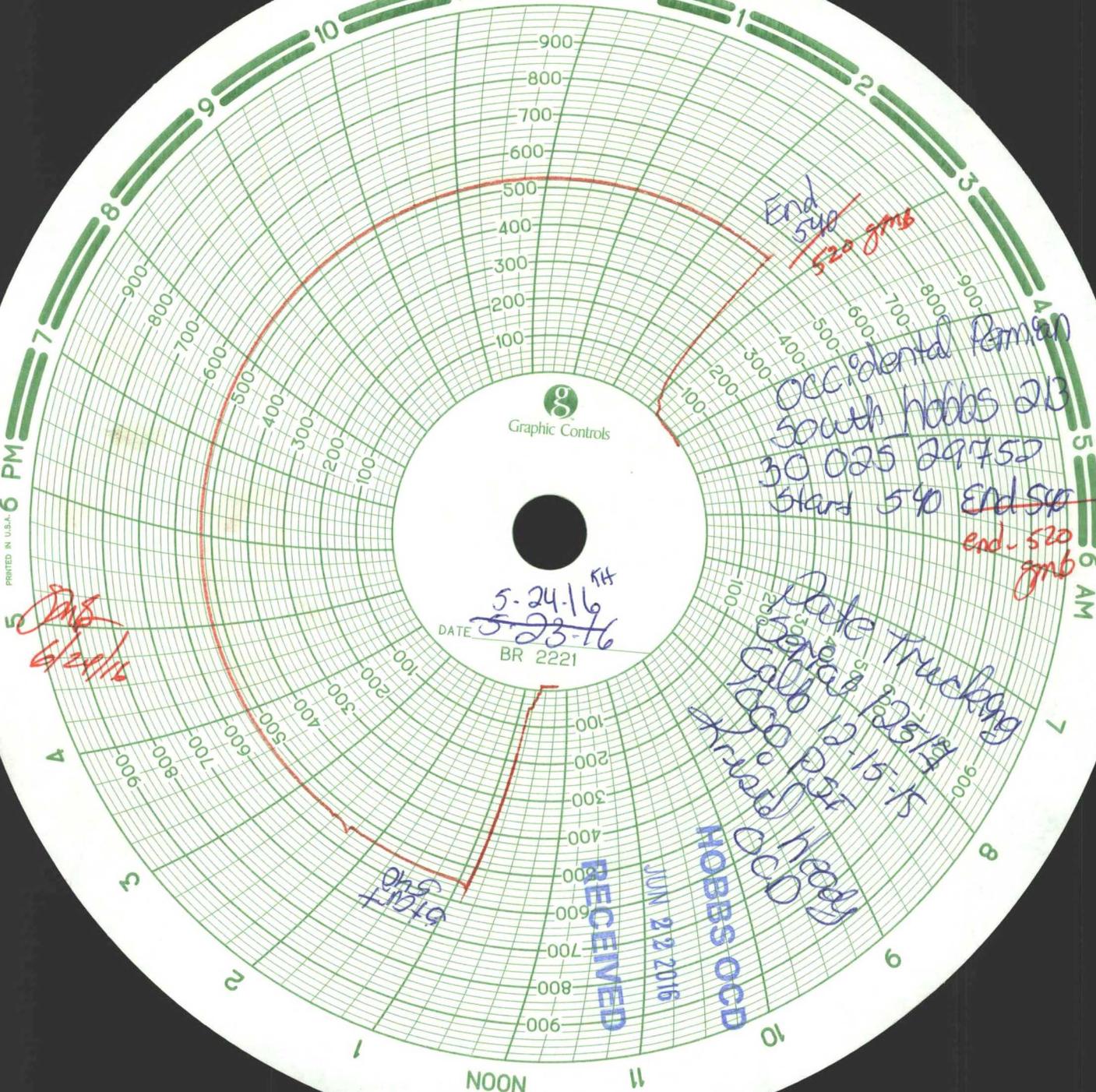
APPROVED BY [Signature] TITLE Compliance Officer DATE 6/24/16

CONDITIONS OF APPROVAL IF ANY:

PRINTED IN U.S.A. 6 PM

MIDNIGHT

900
800
700
600
500
400
300
200
100
0
100
200
300
400
500
600
700
800
900



Graphic Controls

5-24-16 TH
DATE ~~5-23-16~~
BR 2221

~~End 5:40~~
5:20 gmb
OCCidental Permian
South Hobbs 213
30 025 29752
Start 5:40 End 5:40
end. 5:20
gmb

Route Trucking
Gene Calb 12-15-15
Kris Per
OCC Heavy

~~gmb~~
~~6:20~~

Start 5:40

RECEIVED

JUN 22 2016

HOBBS OCC

5

4

3

2

1

NOON

11

10

9

8

7

6 AM

5

4

3

2

1

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.

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

Remarks: _____

Signature: Tony Flores

HOBBS OCD
JUN 22 2016
RECEIVED