

FILE IN TRIPLICATE

**HOBBS OCD**

**OIL CONSERVATION DIVISION**

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

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

WELL API NO.  
30-025-42593

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

5. Indicate Type of Lease  
STATE  FEE

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

6. State Oil & Gas Lease No.

AUG 01 2016  
RECEIVED

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Injector	8. Well No. 252	
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)	
4. Well Location Unit Letter <u>L</u> : <u>2400</u> Feet From The <u>South</u> <u>681</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County <u>Lea</u>		
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3608.8' GR		
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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: 06/14/2016

Pressure readings: Initial – 540 PSI Ending 520 PSI

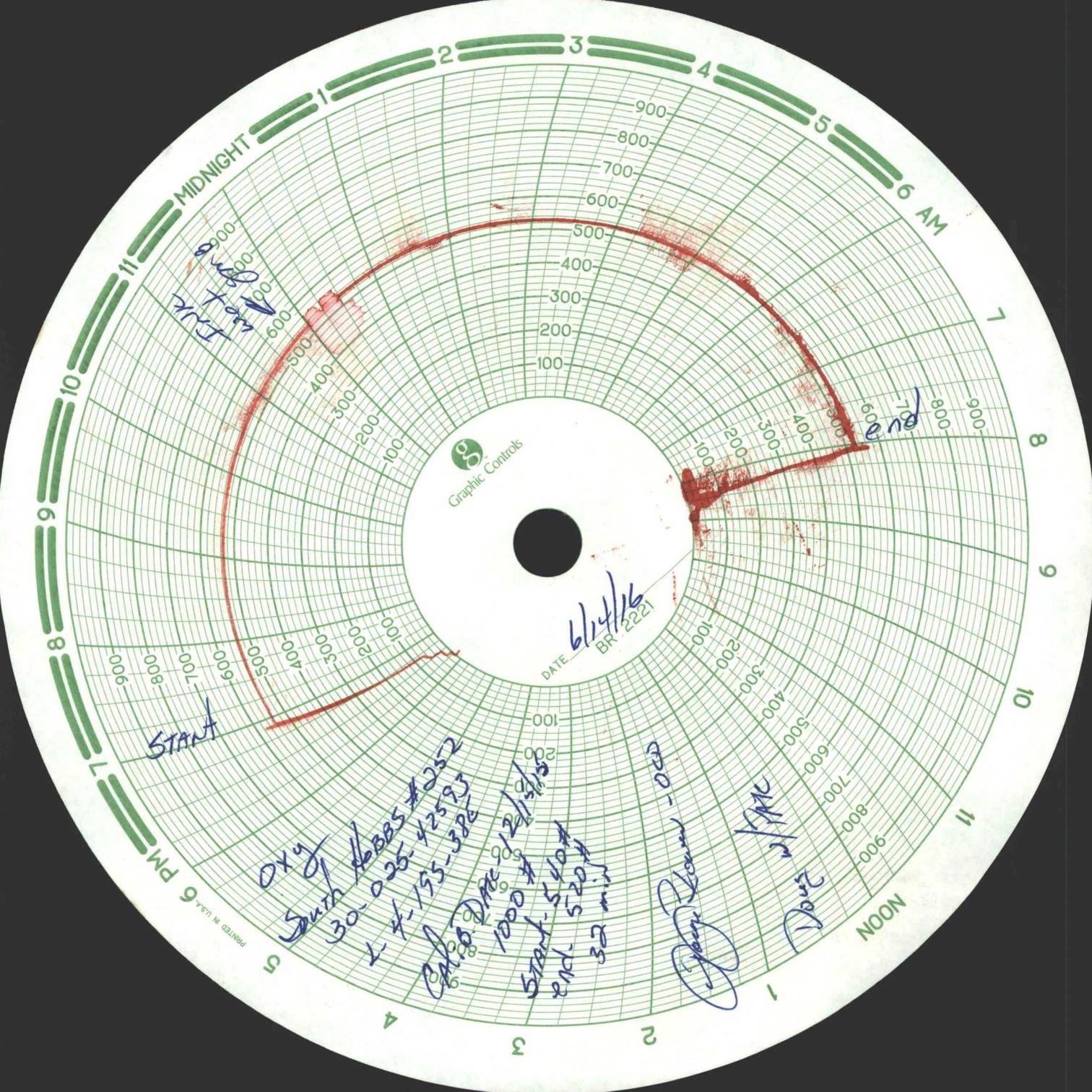
Length of test: 32 minutes

Witnessed: 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 07/27/2016  
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 Makey Brown TITLE Dist Supervisor DATE 8/11/2016  
CONDITIONS OF APPROVAL IF ANY:



# American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS,  
NM 88240

T0: Pate Trucking

DATE: 06/15/16

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:  \_\_\_\_\_