

State Of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
 Governor
 Sarah Cottrell Propst
 Cabinet Secretary
 Todd Leahy
 Deputy Cabinet Secretary

Gabriel Wade
 Division Director



"Response Required - Deadline Enclosed"

Field Inspection Program
"Preserving the Integrity of Our Environment"

17-Jan-19

OCCEIDENTAL PERMIAN LTD
 P.O. Box 4294
 Houston, TX 77210-4294

LETTER OF VIOLATION - Field Inspection

Dear Operator:

The following inspection indicates that the well, equipment, location or operational status of the well failed to meet standards of the New Mexico Oil Conservation Division as described in the detail section below. To comply with standards imposed by Rules and Regulations of the Division, corrective action must be taken immediately and the situation brought into compliance. The detail section indicates preliminary findings and/or probable nature of the violation. This determination is based on an inspection of your well or facility by an inspector employed by the Oil Conservation Division on the date indicated.

Please notify the proper district office of the Division, in writing, of the date corrective actions are scheduled to be made so that arrangements can be made to reinspect the well and/or facility.

INSPECTION DETAIL SECTION

[30-025-05448] NORTH HOBBS G/SA UNIT #131

OGRID: 157984

L-13-18S-37E 1980 FSL 330 FWL

Inspection Date	Type Inspection	Inspector	Corrective Action Due By	Inspection No.
1/16/2019	Routine Inspection	[GR] Gary Robinson	4/16/2019	iGR191636270

Violations:

Rule	Violation	Comment
19.15 Oil and Gas	Mechanical Integrity Failure Recorded	Auto Generated Violation - MIT Failure exits.

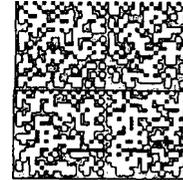
Sincerely,

Hobbs OCD District Office

Note: Information in Detail Section comes directly from field inspector data entries - not all blanks will contain data.

Oil Conservation Division * 1625 N. French Drive * Hobbs, NM 88240
 Phone: 575-393-6161 * Fax: 575-393-0720 * www.emnrd.state.nm.us

EMNRD
OIL CONSERVATION DIVISION
1625 N FRENCH DRIVE
HOBBS NM 88240



NEOPOST

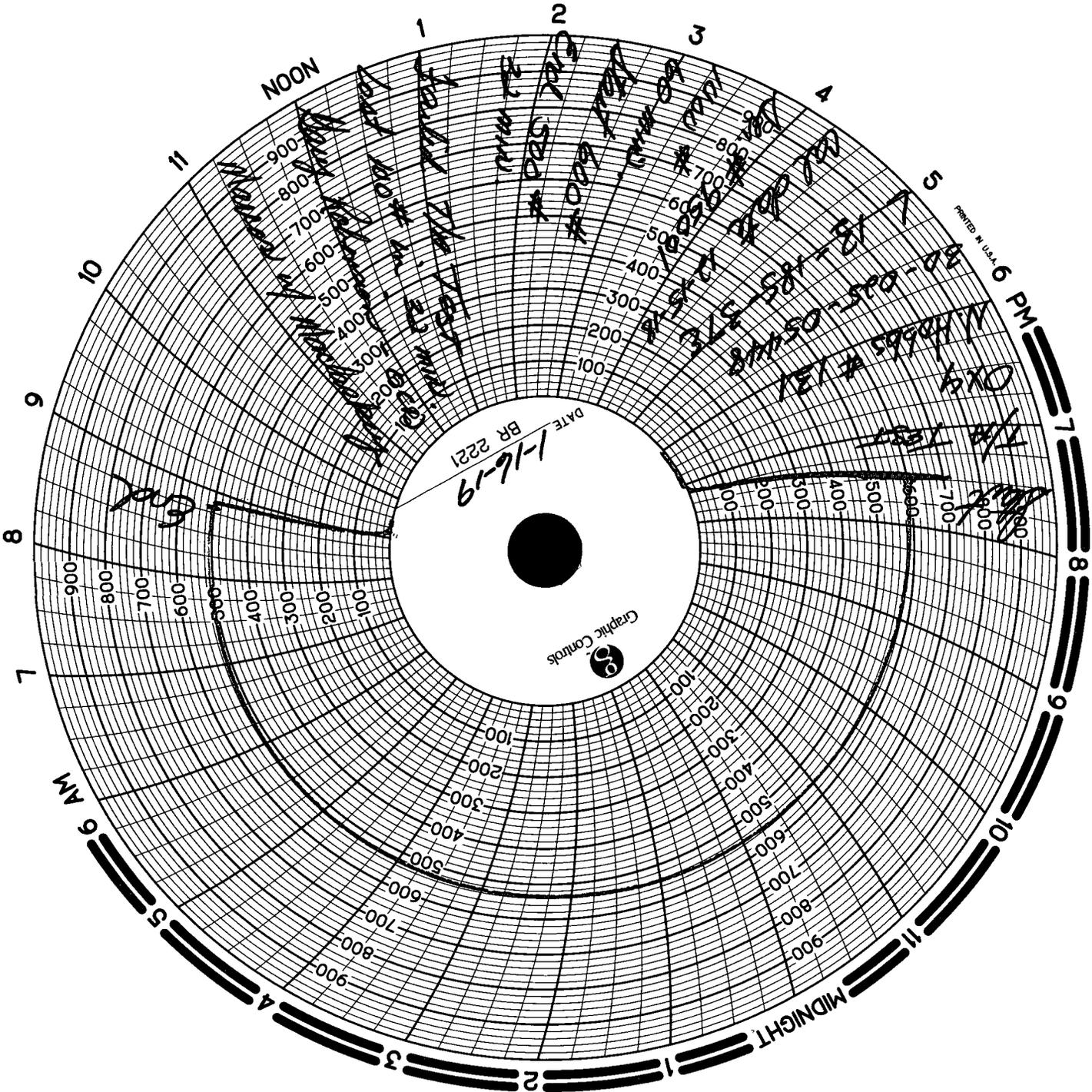
FIRST-CLASS MAIL

\$000.47⁰

01/23/2019 ZIP 88240
042L14818194

US POSTAGE

OCCIDENTAL PERMIAN, LTD
PO BOX 4294
HOUSTON, TX 77210-4294



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

BRADENHEAD TEST REPORT

Operator Name Oxy	Well Number 30-025-05448
Property Name NORTH HOBBS UNIT	Well ID 131

7. Surface Location

UL - Lot L	Section 130	Township 18S	Range 37E	Feet from 1980	N/S Line S	Feet from 330	E/W Line W	County LEA
----------------------	-----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

PAID WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJECTOR INJ	BWD <input checked="" type="checkbox"/> OIL	PRODUCER GAS	DATE 1-16-19
--	----	--	----	------------------------	--	------------------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm1	(C)Interm2	(D)Prod Csg	(E) tubing
Pressure	0	N/A	N/A	0	NONE
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	CO ₂ _____
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	VIR _____
Surges	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	Exp. Prod. _____
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	Sealed off _____
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	_____

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

T/A TEST

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into REDMS [Signature]
Title:	Re-test
E-mail Address:	
Date:	Phone:
Whose: Heey Johnson	

INSTRUCTIONS ON BACK OF THIS FORM