

Submit Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-31427
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 231
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg - San Andres

<p>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.)</p>	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned	
2. Name of Operator OCCIDENTAL PERMIAN LTD	
3. Address of Operator P.O. Box 4294, Houston, TX 77210	
4. Well Location Unit Letter F : 1562' feet from the NORTH line and 2100' feet from the WEST line Section 4 Township 19S Range 38E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3615' GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: Casing Integrity Test/TA Status Extension Request <input checked="" type="checkbox"/></p>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Occidental Permian Ltd. respectfully requests a five-year Temporary Abandon Status Extension from the current TA expiration date of 1/23/2022. MIT/BHT attached.

Date of test: 2/10/2022

Pressure readings: Initial - 555 PSI Ending - 555 PSI

Length of test: 32 mins.

Witnessed: Gary Robinson NMOCD

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 2/10/26

Well needs to be PLUGGED OR RETURNED to PRODUCTION

BY THE DATE STATED ABOVE: X 7

Spud Date:

Rig Rele

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Roni Mathew TITLE Regulatory Analyst, Sr. DATE 2/17/2022

Type or print name Roni Mathew E-mail address: roni\_mathew@oxy.com PHONE: 713.215.7827

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 10/16/23  
Conditions of Approv

District I  
1623 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

## BRADENHEAD TEST REPORT

Operator Name <b>OCCIDENTAL PERMIAN LTD</b>	API Number <b>30-025-31427</b>
Property Name <b>SOUTH HOBBS G/SA UNIT</b>	Well No. <b>#231</b>

## 2. Surface Location

UL - Lot <b>F</b>	Section <b>4</b>	Township <b>19S</b>	Range <b>38E</b>	Feet from <b>1562</b>	N/S Line <b>N</b>	Feet From <b>2100</b>	E/W Line <b>W</b>	County <b>LEA</b>
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## Well Status

TA'D WELL <b>YES</b>	NO	SHUT-IN <b>YES</b>	NO	INJ	INJECTOR SWD	PRODUCER <b>OIL</b>	GAS	DATE <b>2-10-22</b>
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## OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>			<b>0</b>	<b>NONE</b>
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 _____
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR _____
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS _____
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	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.

T/A m/T/BHT

Signature: <b>Nicole Nelson</b>	OIL CONSERVATION DIVISION
Printed name: Nicole Nelson	Entered into RBDMS
Title: Administrative Assistant	Re-test
E-mail Address: nicole_nelson2@oxy.com	
Date: 2/16/22	
Phone:	
Witness: <b>Shay Blenson</b>	

INSTRUCTIONS ON BACK OF THIS FORM







## PERFORMING BRADENHEAD TEST

### General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- |                        |           |
|------------------------|-----------|
| • Blow or Puff         | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow          | Yes or No |
| • Oil or Gas           | Yes or No |
| • Water                | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

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State of New Mexico  
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Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS  
  
Action 82385

CONDITIONS

Operator: OCCIDENTAL PERMIAN LTD P.O. Box 4294 Houston, TX 772104294	OGRID: 157984
	Action Number: 82385
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
kfortner	TA expires 2/10/26	10/16/2023