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| Submit To Appropriate District Office Two Copies <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 811 S. First St., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | Form C-105 Revised August 1, 2011 1. WELL API NO. 30-025-42484 ✓ 2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No. |
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| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | | |
|---|-------------------------------------|---|------------------------------|---|------------------------------|--|--|--|---------------|--------|--|
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) | | | | | | | | 5. Lease Name or Unit Agreement Name North Hobbs G/SA Unit ✓ 6. Well Number: 951 ✓ | | | |
| 7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input checked="" type="checkbox"/> OTHER P&A Newly drilled well | | | | | | | | <div style="position: absolute; top: 0; right: 0; color: blue; font-weight: bold; transform: rotate(-15deg);"> HOBBS OGD OCT 16 2015 RECEIVED </div> | | | |
| 8. Name of Operator Occidental Permian LTD ✓ 10. Address of Operator P.O. Box 4294 Houston, TX 77210 | | | | | | | | | | | |
| 9. OGRID 157984 11. Pool name or Wildcat Hobbs; Grayburg - San Andres | | | | | | | | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County | |
| Surface: | N | 18 | 18-S | 38-E | | 855 | S | 1361 | W | Lea | |
| BH: | K | 18 | 18-S | 38-E | | 1446 | S | 1361 | W | Lea | |
| 13. Date Spudded 07/10/2015 | 14. Date T.D. Reached 07/13/2015 | 15. Date Rig Released 07/18/2015 | | 16. Date Completed (Ready to Produce) 07/18/2015 (P&A) | | | 17. Elevations (DF and RKB, RT, GR, etc.) 3661.1 GR | | | | |
| 18. Total Measured Depth of Well 2091 | | | 19. Plug Back Measured Depth | | | 20. Was Directional Survey Made? | | 21. Type Electric and Other Logs Run | | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name | | | | | | | | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | | | | | | | |
| CASING SIZE | WEIGHT LB./FT. | | DEPTH SET | | HOLE SIZE | | CEMENTING RECORD | | AMOUNT PULLED | | |
| 9 5/8 | 36 | | 1622 | | 12 1/4 | | Cl. C 630 sx | | 0 | | |
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| 24. LINER RECORD | | | | | | 25. TUBING RECORD | | | | | |
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | | SIZE | DEPTH SET | PACKER SET | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 26. Perforation record (interval, size, and number) | | | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED | | | | | |
| 28. PRODUCTION | | | | | | | | | | | |
| Date First Production | | Production Method (Flowing, gas lift, pumping - Size and type pump) | | | | | Well Status (Prod. or Shut-in) | | | | |
| Date of Test | Hours Tested | Choke Size | Prod'n For Test Period | Oil - Bbl | Gas - MCF | Water - Bbl. | Gas - Oil Ratio | | | | |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (Corr.) | | | | | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.) | | | | | | | | 30. Test Witnessed By | | | |
| 31. List Attachments Inclination report C-102, C-103 | | | | | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. | | | | | | | | | | | |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial: | | | | | | | | | | | |
| Latitude | | | Longitude | | | NAD 1927 1983 | | | | | |
| I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief | | | | | | | | | | | |
| Signature <i>April Hood</i> | | | Printed Name April Hood | | Title Regulatory Coordinator | | Date 10/14/15 | | | | |
| E-mail Address april_hood@oxy.com | | | | | | | | | | | |

HOBBS OGD
 OCT 22 2015
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