

HOBBS OCDState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

JUN 13 2016

OIL CONSERVATION DIVISION**DISTRICT I**
1625 N. French Dr., Hobbs, NM 882401220 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. 30-025-12497 |
| 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 North Hobbs (G/SA) Unit Section 28 |
| 8. Well No. 131 |
| 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 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>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County | |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3649' GL | |
| 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: 05/23/2016

Pressure Readings: Initial - 500 PSI Ending - 500 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 06/08/2016
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280For State Use Only
APPROVED BY Mary Brown TITLE Dist. Supervisor DATE 6/13/2016
CONDITIONS OF APPROVAL IF ANY _____

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

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

BRADENHEAD TEST REPORT

| | |
|---|----------------------------|
| Operator Name OCCIDENTAL PERMIAN, LTD | API Number 30-025-12497 |
| Property Name NORTH SOUTH HOBBS (G/SA) UNIT | Well No. 131 |

2. Surface Location

| | | | | | | | | |
|---------------|---------------|-----------------|--------------|-------------------|-------------------|------------------|------------------|---------------|
| UL - Lot L | Section 28 | Township 18S | Range 38E | Feet from 2310 | N/S Line South | Feet From 330 | E/W Line West | County LEA |
|---------------|---------------|-----------------|--------------|-------------------|-------------------|------------------|------------------|---------------|

Well Status

| | | | | | | |
|------------------|----------------|----------------|-----------|-----------------|------------|----------------|
| TA'D WELL YES | SHUT-IN YES | INJECTOR NO | SWD NO | PRODUCER OIL | GAS GAS | DATE 6/2/16 |
|------------------|----------------|----------------|-----------|-----------------|------------|----------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing |
|----------------------|------------|--------------|--------------|----------------|-------------------------|
| Pressure | 0 | 0 | N/A | 0 | 1050 |
| Flow Characteristics | | | | | |
| Puff | Y / 0 | Y / 0 | Y / N | 0 / N | CO2 — WTR ✓ GAS — |
| Steady Flow | Y / 0 | Y / 0 | Y / N | Y / 0 | Type of Fluid |
| Surges | Y / 0 | Y / 0 | Y / N | Y / 0 | Injected for |
| Down to nothing | 0 / N | 0 / N | Y / N | 0 / N | Waterflood if |
| Gas or Oil | Y / 0 | Y / 0 | Y / N | Y / 0 | applies. |
| Water | Y / 0 | Y / 0 | Y / N | Y / 0 | |

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

D) Puff down to zero in less than 3 sec.

Donald Higgins 575-631-9886

| | |
|---------------------------------------|---------------------------|
| Signature: <u>Mendy Johnson</u> | OIL CONSERVATION DIVISION |
| Printed name: MENDY JOHNSON | Entered into RBDMS |
| Title: ADMINISTRATIVE ASSOCIATE | Re-test |
| E-mail Address: mendy_johnson@oxy.com | |
| Date: 6/8/16 | Phone: 806-592-6280 |
| Witness: | |

INSTRUCTIONS ON BACK OF THIS FORM