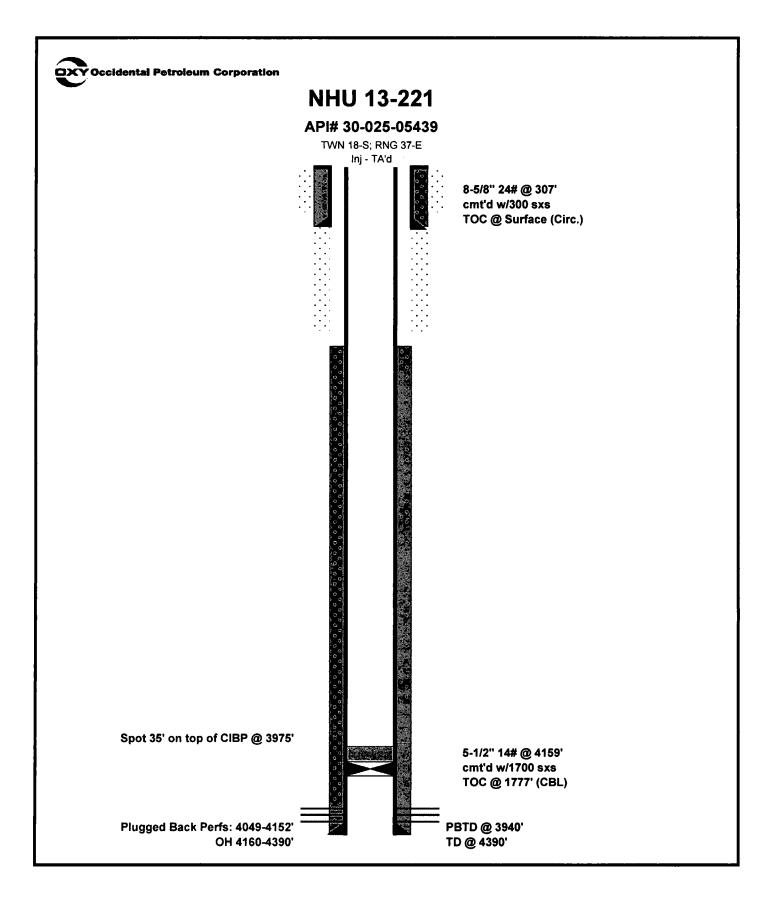
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103				
District I - (575) 393-6161	Energy, Minerals and Natural Resource	es Revised July 18, 2013 WELL API NO.				
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283						
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease				
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE 🔀 FEE 🗌				
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe	1 2010					
SUNDRY NOT	CES AND PORTS ON WELLS	7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR FASPOS. DIFFERENT RESERVOIR. USE "APPLIC.						
PROPOSALS.)	North Hobbs (G/SA) Unit 8. Well Number 221					
1. Type of Well: Oil Well						
2. Name of Operator Occidental Permian, Ltd	9. OGRID Number 157984					
3. Address of Operator		10. Pool name or Wildcat				
HCR 1 Box 90 Denver City	/, TX 79323	Hobbs (G/SA)				
4. Well Location						
Unit Letter F :	1980 feet from the North line and	d 1980 feet from the West line				
Section 13	Township 18-S Range 37-E	NMPM Lea County				
	11. Elevation (Show whether DR, RKB, RT, GI	R, etc.)				
	3676' GR					
12. Check A	ppropriate Box to Indicate Nature of No	tice, Report or Other Data				
NOTICE OF INT		SUBSEQUENT REPORT OF:				
		· · · · · · · · · · · · · · · · · · ·				
		E DRILLING OPNS. P AND A				
	<b>—</b>	_				
CLOSED-LOOP SYSTEM	_					
OTHER:		sing integrity test/TA status extension request				
	ted operations. (Clearly state all pertinent details). SEE RULE 19.15.7.14 NMAC. For Multip	ils, and give pertinent dates, including estimated date				
proposed completion or reco		le completions. Attach wendore diagram of				
Date of test: 07/25/201	10	/				
Pressure readings: Initial - 565 PSI Ending - 555 PSI Length of test: 30 minutes						
Witnessed: Vas Karry Fortner NMOCD						
- in Anomal of Temporary 1 / 2020						
Abandonment Expires 7/25/2020						
	AbanaDiulion					
	,					
Spud Date:	Rig Release Date:					
	h					
I hereby certify that the information a	bove is true and complete to the best of my know	wledge and bellet.				
have a	John	Y				
SIGNATURELIA CHA	ADT WOT THTLE Admin. Associate	DATE 08/20/2018				
Type or print name Mendy A. Joh	E-mail address: mendy_jo	phnson@oxy.com PHONE: 806-592-6280				
For State Use Only	» P A = 1					
APPROVED BY: Y Lafey	ADROWNSTITLE AO/I	DATE $8/2z/2018$				
Conditions of Approval (if any):						
	RBDMS- CHART-V	J				



## MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY, FUBER, N.M. 82240 505-393-1016

## THIS IS TO CERTIFY THAT:

DATE 2-23-18

L. <u>Blawr Rodinser</u> METER TECHNICAN FOR MACLASKEY OILFIELD SERVICES, D.C. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT PRESSIRE RECORDER

SERIAL NUMBER

100 B

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Olik- Podec



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

r			Operator		HEAD TES	ST REPOR	T	<u></u>	API Numb	pēr —
Operator Name OCCIDENTAL PERMIAN, LTD							30-025-05439			
Property Name NORTH HOBBS (G/SA) UNIT						Well No. 221				
		: :		<sup>7.</sup> S	urface Locatio	on				
UL - Lot F	Section 13	Township 18-S	Range 37-E		Feet from 1980	N/S Line NORTH		et From 1980	E/W Line WEST	County LEA
	Well Status								······································	
Well	Well Status SHUT-IN PRODUCING					DAT		······		
<u> </u>	44-			l				5-18		
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Gas or	-		Y/0		7 <b>()</b> N	· · · · · · · · · · · · · · · · · · ·			7 (1)	-
Wate	r		Y/ 1	Y	TO S	Y /	N ·	Y		-
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If bradenhead CLEAR	flowed wa	ter, check all	of the descriptic	ons that apply: SAL	TV	SUL		· · · · ·	BLACK	· · ·
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Remarks:						INJECTING	AT THIS	TIMEV	VTR,G	AS,CO2
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Signature:	$\lambda$	1	IOR -		7/201.0	•	<u>.</u>			
1	TUN	CA C	par val		naix	<u>)</u>				N DIVISION
Printed name: MENDY JO						d into RBD	MS			
Title: ADMINISTRATIVE ASSOCIATE					Re-test	:	<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
E-mail Addre	ss: mendy	johnson@ox					·	· · ·		
Date: /-	25-	10	Phone: 806-5				-			
<u>.</u>	·····		Witness: K	erry p	217111 399-	$\sim OCU$				· · · · · · · · · · · · · · · · · · ·
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