

Submit 1 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 88203

District III - (505) 334-6161

1000 Rio Brazos Rd., Hobbs, 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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO. 30-25-42697
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 South Hobbs (G/SA) Unit
8. Well Number 259
9. OGRID Number 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 ☐ Gas Well ☐ Other ☐ Injector

2. Name of Operator
Occidental Permian, Ltd

3. Address of Operator
1017 West Stanolind Road, Hobbs NM, 88240

4. Well Location
Unit Letter I : 2018 feet from the South line and 557 feet from the East line
Section 4 Township 19-S Range 38-S NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3625.4' KB

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Casing Integrity Test ☒

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.

Date of test: 08/12/19

Pressure readings: Initial - 520 PSI Ending - 515 PSI

Length of test: 32 minutes

Witnessed: Yes - Gary Robinson - NMOCD

Spud Date:

Rig Release Date:

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

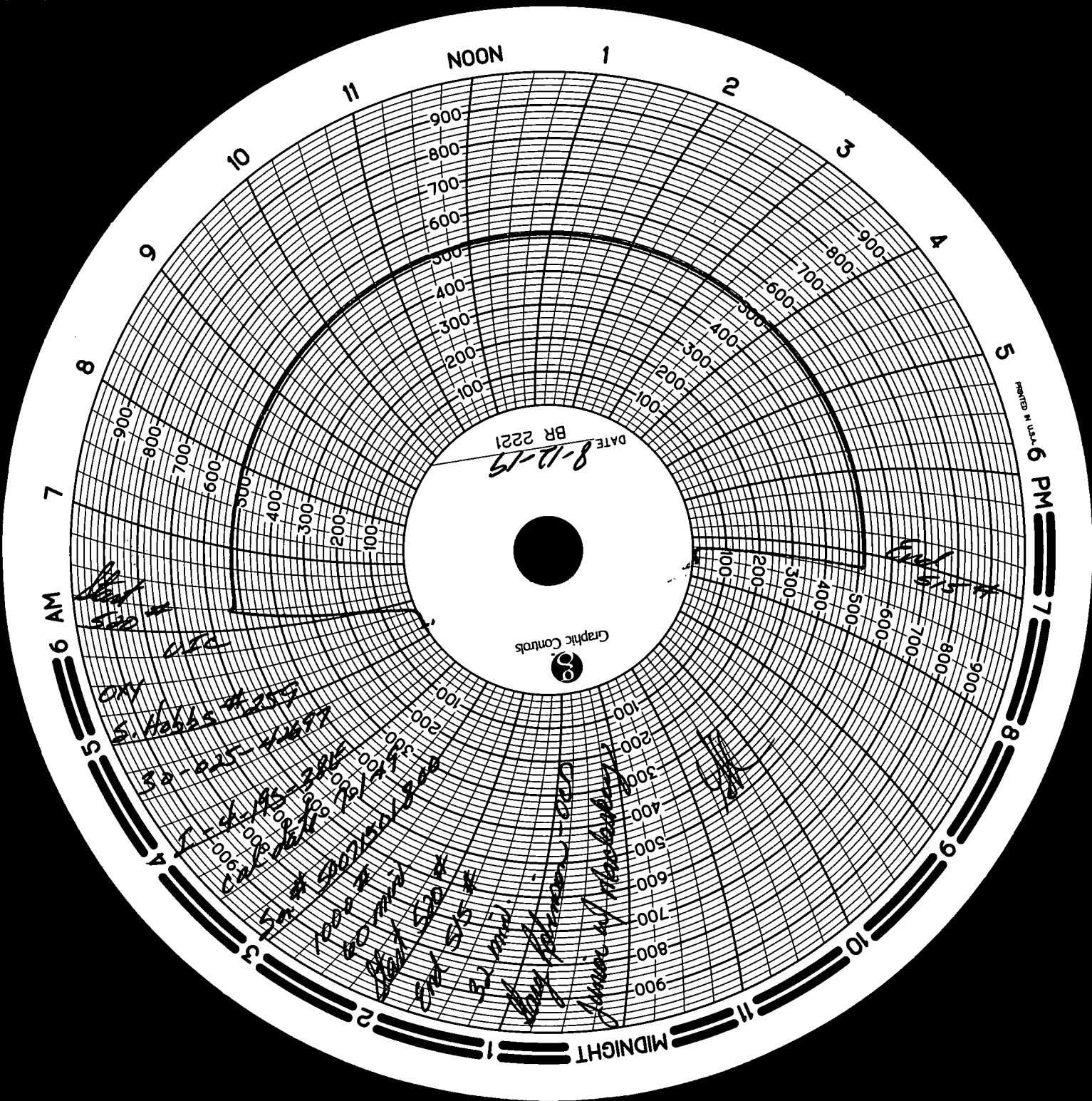
SIGNATURE Justin Saxon TITLE Well Surveillance Lead DATE 8-21-19

Type or print name Justin Saxon E-mail address: Justin_Saxon@oxy.com PHONE: 575-397-8206

For State Use Only

APPROVED BY: Sheryl Polanco TITLE Compliance Officer DATE 8-26-19

Conditions of Approval (if any):



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 30-025-42697
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 259

7. Surface Location

UL - Lot I	Section 4	Township 19S	Range 38E	Feet from 2018	N/S Line SOUTH	Feet From 557	E/W Line EAST	County LEA
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Well Status

Well Status <i>ACTIVE</i>	SHUT-IN <i>No</i>	PRODUCING <i>INT</i>	DATE <i>8-12-19</i>
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csgng	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1509</i>
<u>Flow Characteristics</u>					
Puff	<i>Y</i> N	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	
Steady Flow	<i>Y</i> N	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	
Surges	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	
Down to nothing	<i>Y</i> N	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	
Gas or Oil	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	
Water	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	<i>Y</i> / N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

INJECTING AT THIS TIME WTR, GAS, CO2

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