

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 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

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

Form C-103  
Revised July 18, 2013

|   |
|---|
| WELL API NO.<br><b>30-025-07652</b>   |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><b>South Hobbs Unit ( G/SA) UNIT</b>                        |
| 8. Well Number <b>61</b>  |
| 9. OGRID Number<br><b>157984</b>  |
| 10. Pool name or Wildcat<br>Hobbs (G/SA)  |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned   |  |
| 2. Name of Operator<br>Occidental Permian, Ltd  |  |
| 3. Address of Operator<br>1017 W Stanolind Rd, Hobbs NM 88240   |  |
| 4. Well Location<br>Unit Letter <b>A</b> : <b>330</b> feet from the <b>Center</b> line and <b>330</b> feet from the <b>East</b> line<br>Section <b>8</b> Township <b>19-S</b> Range <b>38-E</b> NMPM County |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |

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/ TA status extension request ☒

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 04/2/20  
Pressure readings initial- 590 ending 580  
length of test 60minutes  
Witnessed- NO

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 4/1/21

Well needs to be PLUGGED OR RETURNED  
to PRODUCTION

BY THE DATE STATED ABOVE: X7

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 04-14-2020

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

**For State Use Only**

APPROVED BY: Kenny Jata TITLE CO A DATE 5-22-20  
Conditions of Approval (if any):

District I  
1625 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<br>OCCIDENTAL PERMIAN, LTD | API Number<br>30-025-07652 |
| Property Name<br>SOUTH HOBBS (G/SA) UNIT | Well No.<br>61             |

1. Surface Location

|               |              |                  |               |  |                  |                   |                  |                  |               |
|---------------|--------------|------------------|---------------|--|------------------|-------------------|------------------|------------------|---------------|
| UL - Lot<br>A | Section<br>8 | Township<br>19-S | Range<br>38-E |  | Feet from<br>330 | N/S Line<br>NORTH | Feet From<br>330 | E/W Line<br>EAST | County<br>LEA |
|---------------|--------------|------------------|---------------|--|------------------|-------------------|------------------|------------------|---------------|

Well Status

|   |    |   |    |  |     |     |           |     |                |
|---|----|---|----|--|-----|-----|-----------|-----|----------------|
| <input checked="" type="radio"/> TA'D Well<br>Yes | No | <input checked="" type="radio"/> SHUT-IN<br>Yes | No | <input checked="" type="radio"/> INJECTOR<br>INI | SWD | OIL | PRODUCING | GAS | DATE<br>4/2/20 |
|---|----|---|----|--|-----|-----|-----------|-----|----------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH


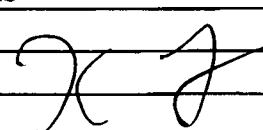
OBSERVED DATA

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

|                      | (A)Surf-Interm                         | (B)Interm(1)-Interm(2) | (C)Interm-Prod | (D)Prod Csg                            | (E)Tubing                     |
|----------------------|--|------------------------|----------------|--|-------------------------------|
| Pressure             |  |                        |                |  |                               |
| Flow Characteristics |  |                        |                |  |                               |
| Full                 | Y / <input checked="" type="radio"/> N | Y / N                  | Y / N          | Y / <input checked="" type="radio"/> N | CO2 ____                      |
| Steady Flow          | Y / <input checked="" type="radio"/> N | Y / N                  | Y / N          | Y / <input checked="" type="radio"/> N | WTR ____                      |
| Surges               | Y / <input checked="" type="radio"/> N | Y / N                  | Y / N          | Y / <input checked="" type="radio"/> N | GAS ____                      |
| Down to nothing      | <input checked="" type="radio"/> Y / N | Y / N                  | Y / N          | <input checked="" type="radio"/> Y / N | Type of Fluid<br>Injected for |
| Gas or Oil           | Y / <input checked="" type="radio"/> N | Y / N                  | Y / N          | Y / <input checked="" type="radio"/> N | Water Flood if<br>applies     |
| Water                | Y / <input checked="" type="radio"/> N | Y / N                  | Y / N          | Y / <input checked="" type="radio"/> N |                               |

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

T/A

|  |   |
|--|---|
| Signature:  | OIL CONSERVATION DIVISION   |
| Printed name: Justin Saxon   | Entered into RBDMS  |
| Title: District Manager  | Re-test   |
| E-mail Address: Justin_Saxon@oxy.com   |  |
| Date:  |   |
| Phone: 575-397-8206  |   |
| Witness:   |   |

