

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

Form C-103
Revised July 18, 2013

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

| |
|---|
| WELL API NO. 30-025-05450 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA) Unit |
| 8. Well Number 341 |
| 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned | |
| 2. Name of Operator Occidental Permian, Ltd | |
| 3. Address of Operator 1017 W Standolind Rd, Hobbs NM 88240 | |
| 4. Well Location Unit Letter O : 660 feet from the South line and 1650 feet from the East line Section 14 Township 18-S Range 37-E 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Casing integrity test/ TA status extension request <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Date of test 04/1/2020
Pressure readings initial 575 ending 575
length of test 60 minutes
Witnessed - No

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: **8/1/30**
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: _____

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: Kerry Fata TITLE 5-22-20 DATE →

Conditions of Approval (if any):

C O A

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 OCCIDENTAL PERMIAN, LTD | API Number 30-025-05450 |
| Property Name NORTH HOBBS (GSA) UNIT | Well No. 341 |

7. Surface Location

| | | | | | | | | |
|---------------|---------------|------------------|---------------|------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot O | Section 14 | Township 18-S | Range 37-E | Feet from 660 | N/S Line SOUTH | Feet From 1630 | E/W Line EAST | County LEA |
|---------------|---------------|------------------|---------------|------------------|-------------------|-------------------|------------------|---------------|

Well Status

| | | | | | | | | | |
|---|----|---|----|--|-----|-----|-----------|-----|------------------|
| <input checked="" type="radio"/> TA'D Well Yes | No | <input checked="" type="radio"/> SHUT-IN Yes | No | <input checked="" type="radio"/> INJECTOR INJ | SWD | OIL | PRODUCING | GAS | DATE 4-1-2030 |
|---|----|---|----|--|-----|-----|-----------|-----|------------------|

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 | | | | | |
| Puff | Y/N | Y/N | Y/N | Y/N | CO2 |
| Steady Flow | Y/N | Y/N | Y/N | Y/N | WTR |
| Surges | Y/N | Y/N | Y/N | Y/N | GAS |
| Down to nothing | Y/N | Y/N | Y/N | Y/N | Type of Fluid |
| Gas or Oil | Y/N | Y/N | Y/N | Y/N | Injected for |
| Water | Y/N | Y/N | Y/N | Y/N | Water Flood if |
| | | | | | applies |

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: <i>Justin Saxon</i> | OIL CONSERVATION DIVISION |
| Printed name: JUSTIN SAXON <i>Justin Saxon</i> | Entered into RBDMS |
| Title: WELL SURVEILLANCE LEAD <i>Company Man</i> | Re-test <i>X</i> |
| E-mail Address: Justin_Saxon@oxy.com | |
| Date: | Phone: 575-397-8206 |
| Witness: | |

