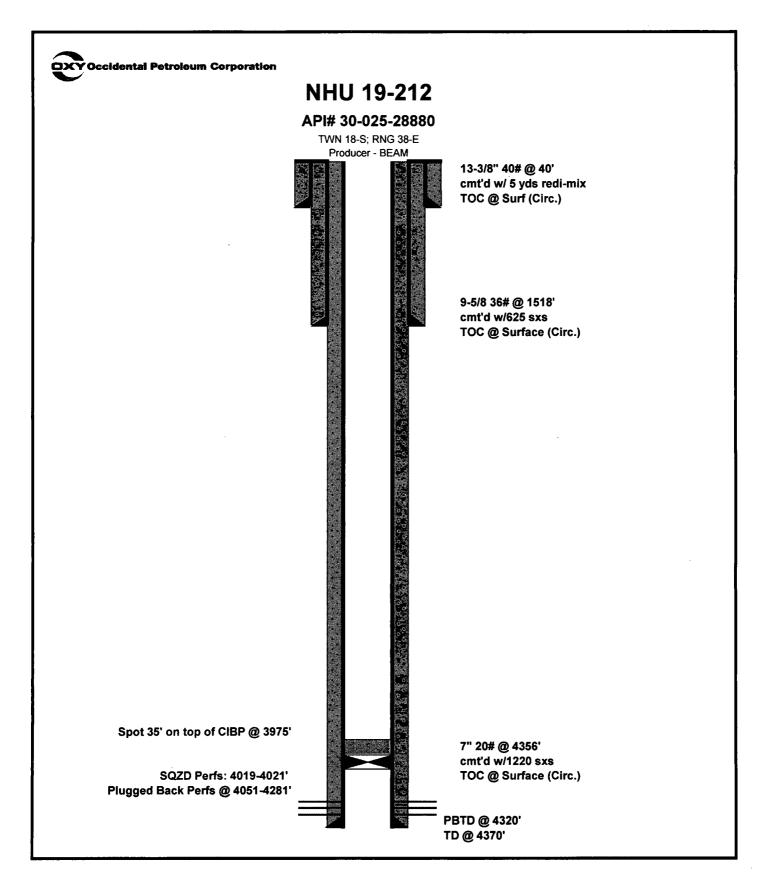
Submit 1 Copy To Appropriate District State of New Mexico Office Energy, Minerals and Natural I						
1625 N. French Dr., Hobbs, Norss240	WELL API NO.					
District II – (575) 748-128 811 S. First St., Artesia 1788210 OIL CONSERVATION DI	1.5 Indicate Type of Lease					
District III - (505) 3 (5178) 1220 South St. Francis   1000 Rio Brazos Aztec, 10 (77410) Santa Fe, NM 87505   District IV - (56) 476-346	Dr. STATE 🗌 FEE 🔀					
District IV – (36) 476-3460 1220 S. St. Francis Dr., Sona Fe, NM 87505 87505	6. State Oil & Gas Lease No.					
SUNDAY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B. DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SU PROPOSALS.)	North Hobbs (G/SA) Unit					
1. Type of Well: Oil Well Gas Well Other Temporarily Aba						
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 4. Well Location	Hobbs (G/SA)					
Unit Letter C : 160 feet from the North	_ line andlinelineline					
Section 19 Township 18-S Range	38-E NMPM Lea County					
11. Elevation (Show whether DR, RKI 3665' GL	3, RT, GR, etc.)					
12. Check Appropriate Box to Indicate Natur	e of Notice, Report or Other Data					
	SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK D PLUG AND ABANDON RE						
= =	MMENCE DRILLING OPNS P AND A					
PULL OR ALTER CASING DULTIPLE COMPL CA						
CLOSED-LOOP SYSTEM						
OTHER: OT 13. Describe proposed or completed operations. (Clearly state all pertir	HER: Casing integrity test/TA status extension request arent details, and give pertinent dates, including estimated date					
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For proposed completion or recompletion.	or Multiple Completions: Attach wellbore diagram of					
Date of test: 07/25/2018	1					
Pressure readings: Initial - 560 PSI Ending - 550 PSI Length of test: 32 minutes						
Witnessed: Yes - Kerry Fortner - NMOCD						
This Approval of Temporary 7/25/2020						
This Approval of Territy Abandonment Expires						
Spud Date: Rig Release Date:	· · · · ·					
I hereby certify that the information above is true and complete to the best of	my knowledge and helief					
	my knowledge and benef.					
SIGNATURE LING A COMMON TITLE Admin. As	sociate DATE 08/20/2018					
	nendy_johnson@oxy.com PHONE: 806-592-6280					
For State Use Only						
APPROVED BY: Alex Stown TITLE HO Conditions of Approval (if any):	<u> </u>					
	$\sim$					
RBDMS - CHAR						



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

					HEAD TES	T RE	PORT	· ·				
1		(	Operator N OCCIDENTAL PE	Name RMIAN, LTD						<sup>3</sup> API Numbe 30-025-2888		
Property Name NORTH HOBBS (G/SA) UNIT						<b>I</b>	Well No. 212					
	<u> </u>	<u> </u>		<sup>7.</sup> St	urface Locatio	<u></u>				<u></u>		
UL - Lot C	Section 19	Township 18-S	Range 38-E		Feet from	N/5	S Line	Feet Fi		E/W Line	County	
ι	17	10-3	-эо-е	لــــــــــــــــــــــــــــــــــــ	160 Vell Status		ORTH	1460	<u> </u>	WEST	LEA	
Well Status SHUT-IN PRODUCING 7-25-,8												
	AA							- 25	-,8		<u> </u>	
<b></b>		N BRADENI	HEAD AND INTE	ERMEDIATE T	O ATMOSPHEF	RE INDIV	VIDUALL	LY FOR 15	MINUTE	S EACH		
lf br <u>adenhead</u>	í flo <u>wed wa</u> :	ter, <u>check al</u> l	l of the description		SERVED DAT	ſ <b>A</b> ·						
			urf-Interm	(B)Interm(1)-I	nterm(2)	(C)Inte	rm-Prod	<u> </u>	(D)Prod	Csng	(E)Tubing	
Pressure			1		~					0	74	
Flow Charac			V									
Puff		Y	Y/Ø		/ N		Y/N		607 N		1	
Steady F			Y/U				Y / N		)	Y/Ø		
Surges			Y/V		/ N		Y/N		Y/ 162 02/ N		]	
Down to no Gas or C	-		V/N		/ N			_		Y/N Y/ <b>(</b> )	_	
Gas or C Water			Y/04 Y/04		/ N		Y / N - Y / N		1	¥/0/ ¥/0/		
<u>f bradenhead</u> CLEAR	flowed wat	ter, check all FRE	t of the description	ns that apply:	ry		SULFU	R		BLACK	]	
				L		<u> </u>	<u>}</u>				ł	
Remarks:			T	A	STAt	us	Te.	THISTIN 5 T	IE,	VTR,GAS	S,CO2	
Signature:	neu	dur.	() shr	NN	8/22/1	18		OIL		ERVATIO	N DIVISION	
Printed name:		/ /	71			0		Entered into RBDMS				
	Printed name: MENDY JOHNSON Title: ADMINISTRATIVE ASSOCIATE						Re-test					
					<b>_</b> '							

E-mail Address: mendy\_johnson@oxy.com

Date: 7-25-18

Phone: 806-592-6280

Witness: X	erry	Fustaur	- 0	CD	
	. /	3	99	7-322	2/