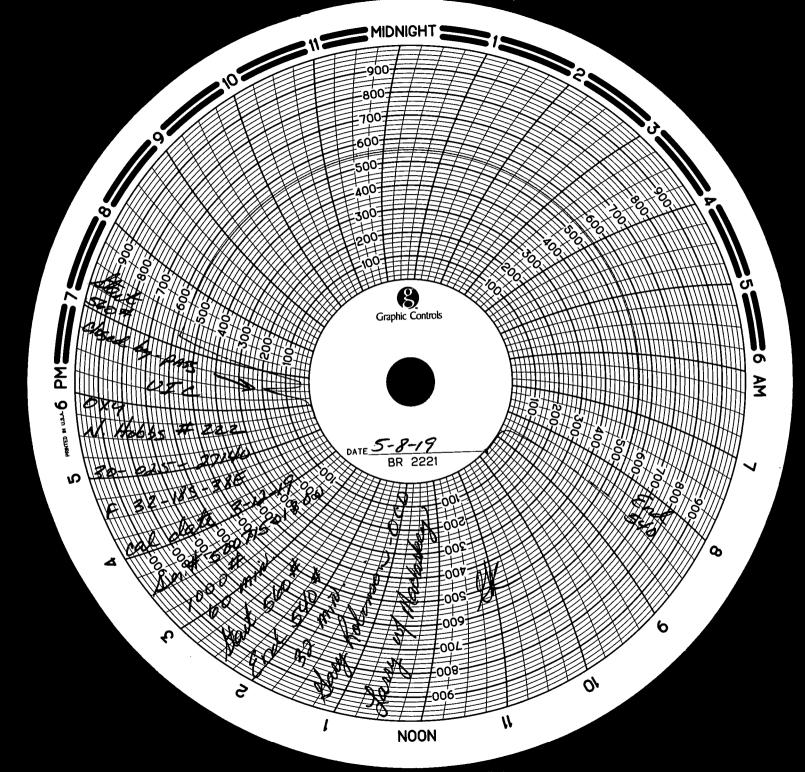
Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103								
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.								
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION	30-025-27140								
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease								
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.								
1220 S. St. Francis Dr., Santa Fe, NM	3,1,1,1,0,000	0. State Off & Gas Lease No.								
87505 SUNDRY NOT	7. Lease Name or Unit Agreement Name									
(DO NOT USE THIS FORM FOR PROPO	CICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A									
DIFFERENT RESERVOIR. USE "APPL" PROPOSALS.)	North Hobbs (G/SA Unit									
1. Type of Well: Oil Well	8. Well Number 222									
Name of Operator Occidental Permian, Ltd		9. OGRID Number 157984								
3. Address of Operator		10. Pool name or Wildcat								
2611 State Hwy 214 Denve	er City, TX 79323	Hobbs (G/SA)								
4. Well Location	4700 North 420	70								
Oille Letter	1720 feet from the North line and 137									
Section 32	Township 18-S Range 38-E	NMPM Lea County								
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3634' GL										
8	3034 GL	<u> </u>								
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data										
NOTICE OF IN	NTENTION TO: SUB	SEQUENT REPORT OF:								
PERFORM REMEDIAL WORK										
TEMPORARILY ABANDON										
PULL OR ALTER CASING	-	T JOB								
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM										
OTHER:	□ 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: 05/08/20	019									
Pressure readings: Initial - 560 PSI Ending - 540 PSI Length of test: 32 minutes Witnessed: Yes - Gary Robinson - NMOCD HOBBS OCD										
Length of test: 32 mil	nutes	'OBBS OOF								
withessed. Tes - Ga	ry Robinson - NMOCD	MAY -								
	•	MAY 1 6 2019 ECEIVED								
	R	For								
	•	-CEIVED								
		-2								
Spud Date:	Rig Release Date:									
I hereby certify that the information above is true and complete to the best of my knowledge and belief.										
Mand. O Orah and										
SIGNATURE Administrative Associate DATE 05/15/2019										
Type or print name Mendy A.	nson E-mail address: mendy_johnso	n@oxy.com PHONE: 806-592-6280								
For State Use Only										
APPROVED BY: Long Rolemon TITLE Constance Offen DATE 5-16-19										
Conditions of Approval (it any):	The company of									



<u>District I</u> 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								30-025-27140			
Property Name NORTH HOBBS (G/SA) UNIT								Well No. 222			
				^{7.} Surf	face Loca	ation					
UL - Lot F	Section 32	Township 18-S	Range 38-E		Feet from 1720	N/S Line F NORTH		Feet Fr 1370		E/W Line WEST	County LEA
				We	ell Statı	us					
		SHUTIN	PRODUCING //// T		NG	DATE 5-8-19		19			
	OPE	N BRADEN		ERMEDIATE TO	ATMOSPI	HERE INDI	VIDUALI	LY FOR 15	MINUTE	S EACH	
If bradenhead	l flowed was	ter, check all	of the description		RVED D	ATA					
		(<u>A)Sı</u>	urf-Interm	(B)Interm(1)-Inte	erm(2)	(C)Interm-Prod			(D)Prod Csng		(E)Tubing
Pressure			0	NA	7		NA	- 0		0	No Sauge
Flow Charac			(1 6	Y/)	N		/ - Y / N	V //		v (Ñ)	
	Steady Flow		Y 160	Y/			Y / N	ĺ		Y / (R)	-{
Surge	Surges		Y/10	Y/1	N		Y/ N		Y / 🕙		-
	Down to nothing		Ø/ N	Y /			Y/N		(V) N		
	Gas or Oil Water		Y 1697 Y 1789	Y/ 1		Y/N Y/N			Y/N		_
			- 10			_1					J
If bradenhead	l flowed wa		of the description								
CLEAR	CLEAR		SH	SALTY			SULFUR		BLACK		
Remarks:						INJEC	TING AT	THIS TIMI	EW	rr, GAS	,CO2
Signature:	201	d .(Jah m					OII	CONS	ERVATIO	N DIVISION
Printed name: MENDY JOHNSON							Entered into RBDMS				
	Title: ADMINISTRATIVE ASSOCIATE							Re-test MV			
E-mail Addr	ess: mendy	johnson@o:	xy.com								Al
Date: 5	5/10		Phone: 806-5	Phone: 806-592-6280							
			Witness:	ry Kolena	m						
				/ L							