

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

HOBBS OGD
 MAY 14 2019
 RECEIVED

WELL API NO. 30-025-28356
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 153
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3612' KB

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
PO Box 4294 Houston, TX 77210

4. Well Location
 Unit Letter C : 1105 feet from the N line and 1485 feet from the W line
 Section 9 Township 19S Range 38E NMPM County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: CTI <input 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.

See attached page

Spud Date: 11/5/18

Rig Release Date: 4/4/19

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

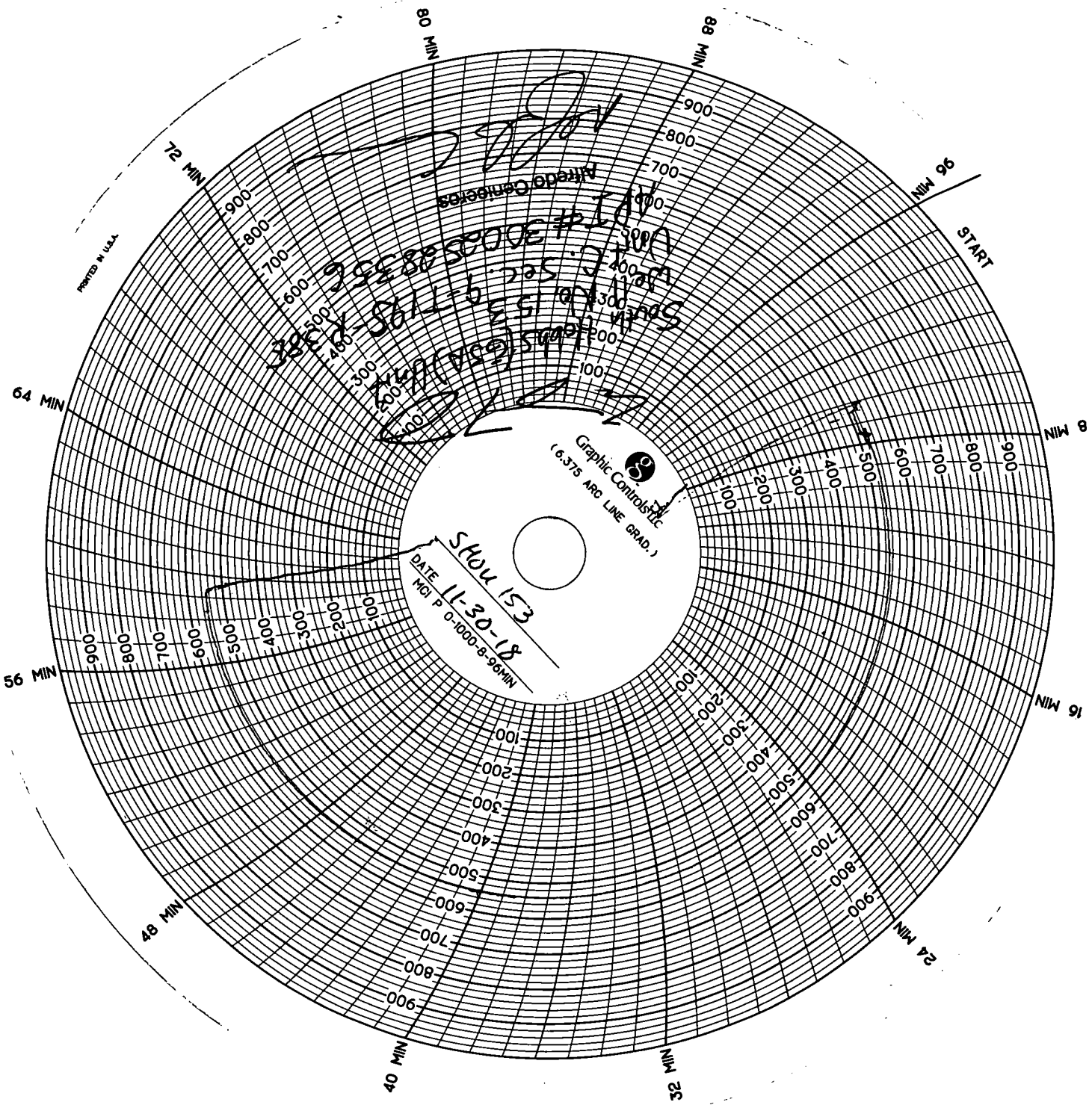
SIGNATURE  TITLE Regulatory Specialist DATE 05/15/2019

Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY:  TITLE Staff Mgr DATE 6-4-19
 Conditions of Approval (if any):

PRINTED IN U.S.A.



90 MIN

90 MIN

72 MIN

96 MIN

START

64 MIN

8 MIN

56 MIN

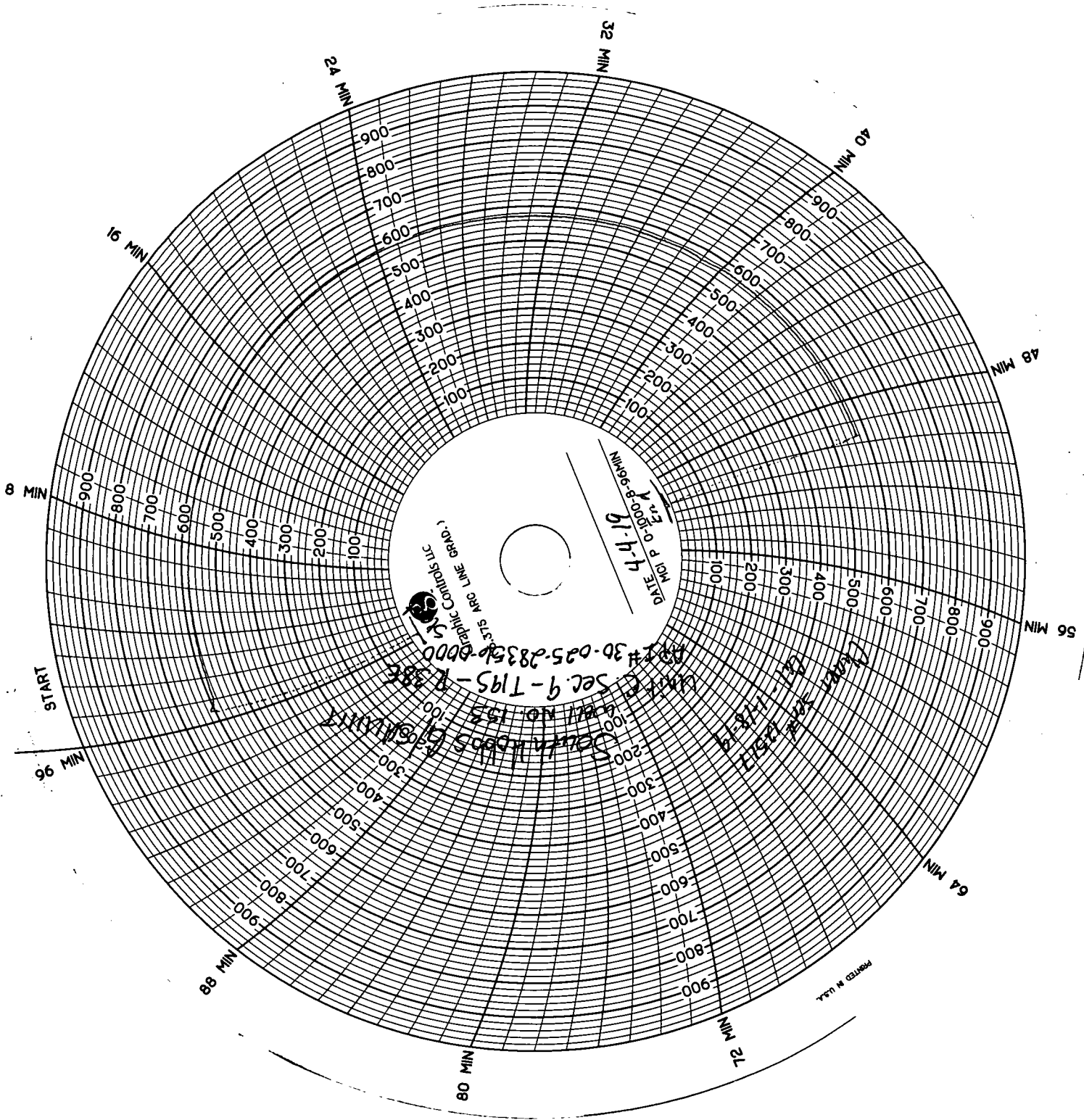
16 MIN

48 MIN

24 MIN

40 MIN

32 MIN



DATE 4-4-61
 MFG. P. 0-1000-8-0000
 NIPRO-0-0000



STARS AERIAL CONTROLS, INC.
 UNIT Sec 9-T195-1-386
 SERIAL NO. 152
 DEATH ROLLS (S.M.A.R.T.)

PRINTED IN U.S.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 30-025-28356-0000
Property Name SOUTH HOBBS G/SA UNIT		Well No. 153

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
c	9	19-S	38-E	1105	N	1485	W	LEA

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input checked="" type="radio"/> NO	YES <input checked="" type="radio"/> NO	INJ <input checked="" type="radio"/> SWD	OIL <input checked="" type="radio"/> GAS	4/4/19

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	✓	—	—	0	0
Flow Characteristics					<i>not Int</i>
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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

POST WORKOVER MIT

Rev. Unit
 Ser# 12517
 Cal: 1-18-19
 Start: 580psi End: 570psi.

Signature: <i>Armando Ontiveros</i>	OIL CONSERVATION DIVISION
Printed name: <i>Armando Ontiveros</i>	Entered into RBDMS
Title: <i>Reverse unit operator</i>	Re-test
E-mail Address:	
Date: 4/4/19	Phone: <i>806-332-4837</i>
	Witness: KERRY FORTNER-OCD 575-399-3221