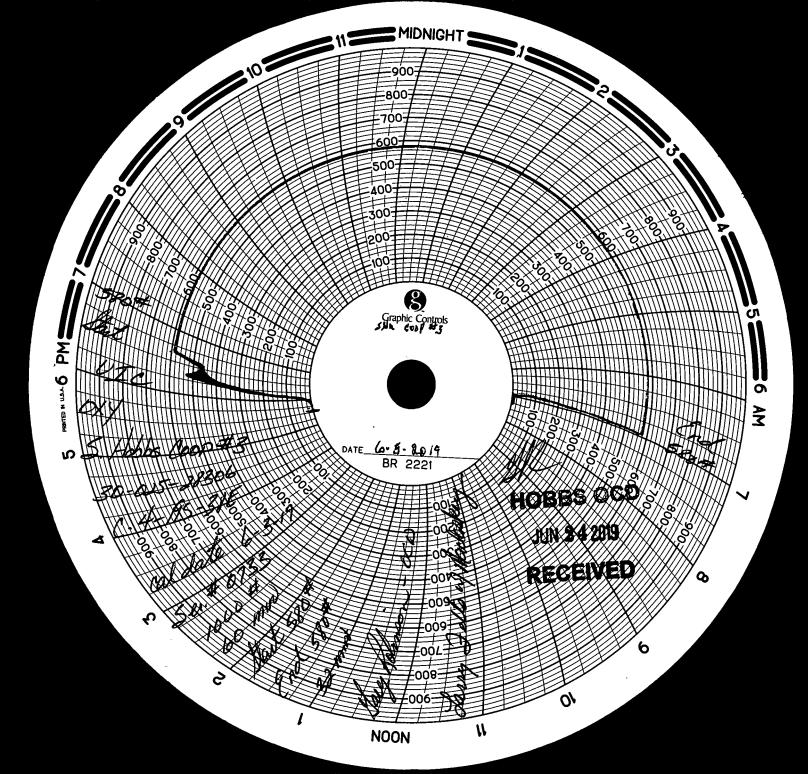
| Office  | State of New Mex   |   |                                 | form C-103      |  |  |
|---|--|---|---------------------------------|-----------------|--|--|
| District I - (575) 393-6161   | Energy, Minerals and Natura  | al Resources                              | WELL API NO.                    | d July 18, 2013 |  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283  |  |   | 30-025-28306                    |                 |  |  |
| 811 S. First St., Artesia, NM 88210   | OIL CONSERVATION I   |   | 5. Indicate Type of Lease       |                 |  |  |
| District III - (505) 334-6178   | 1220 South St. Franc   | eis Dr.                                   | STATE FEE                       |                 |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460 | Santa Fe, NM 875   | 505                                       | 6. State Oil & Gas Lease No.    |                 |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                              |  |   |                                 |                 |  |  |
|   | CES AND REPORTS ON WELLS   |   | 7. Lease Name or Unit Agree     | ment Name       |  |  |
| (DO NOT USE THIS FORM FOR PROPOS  | SALS TO DRILL OR TO DEEPEN OR PLUC                                     |   |                                 | . /             |  |  |
| DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)                                | CATION FOR PERMIT" (FORM C-101) FOR                                    | RSUCH                                     | South Hobbs (G/SA) Unit         |                 |  |  |
|   | Gas Well  Other Injector   |   | 8. Well Number Coop 3           |                 |  |  |
| Name of Operator     Occidental Permian, Ltd                                | <del>'</del>   |   | 9. OGRID Number 157984          |                 |  |  |
| 3. Address of Operator  |  |   | 10. Pool name or Wildcat        |                 |  |  |
| 2611 State Hwy 214 Denver   | City. TX 79323   |   | Hobbs (G/SA)                    |                 |  |  |
| 4. Well Location  | •  |   |                                 |                 |  |  |
| Unit Letter C : 6   | 645 feet from the North  | line and 20                               | 45feet from the West            | line            |  |  |
| Section 4   | Township 19-S Ran  | ge 38-E                                   | NMPM Lea County                 |                 |  |  |
|   | 11. Elevation (Show whether DR, I                                      | RKB, RT, GR, etc.                         | )                               | •               |  |  |
|   | 1 3034   |   |                                 |                 |  |  |
| 12. Check A   | appropriate Box to Indicate Na   | ture of Notice,                           | Report or Other Data            |                 |  |  |
|   |  |   | •                               | <b>-</b> .      |  |  |
| NOTICE OF IN  |  | SUE<br>REMEDIAL WOR                       | SEQUENT REPORT OF               |                 |  |  |
| PERFORM REMEDIAL WORK  TEMPORARILY ABANDON                                  |  |   | ILLING OPNS.□ PAND A            | CASING          |  |  |
| PULL OR ALTER CASING  | <del></del>  | CASING/CEMEN                              | <del></del>                     | ш               |  |  |
| DOWNHOLE COMMINGLE  | MOETH LE COMI L  | CAGINO/OLIVILIV                           | 1 30B                           |                 |  |  |
| CLOSED-LOOP SYSTEM  |  |   |                                 |                 |  |  |
| OTHER:  |  |   | ng integrity test               | X               |  |  |
|   | eted operations. (Clearly state all pe                                 |   |                                 |                 |  |  |
|   | rk). SEE RULE 19.15.7.14 NMAC.   | For Multiple Co                           | mpletions: Attach wellbore diag | gram of         |  |  |
| proposed completion or reco   | ompletion.   |   |                                 |                 |  |  |
| Date of test: 06/05/201   | 9  |   |                                 |                 |  |  |
| Pressure readings: Init   | ial - 580 PSI Ending - 580 PS  | ĺ   | •                               |                 |  |  |
| Length of test: 32 minu   |  |   | HOBRE OF                        |                 |  |  |
| Witnessed: Yes - Gary   | RODINSON - INIVIOCE  |   | HOBBS OCD                       |                 |  |  |
|   |  |   | JUN 3 4 2019<br>RECEIVED        |                 |  |  |
|   |  |   | DPA-                            |                 |  |  |
|   |  |   | RECEIVED                        |                 |  |  |
|   |  |   |                                 |                 |  |  |
|   |  |   |                                 |                 |  |  |
|   |  |   |                                 |                 |  |  |
| Spud Date:  | 2. 2. 2  |   |                                 |                 |  |  |
|   | Rig Release Date   | e:  | ·                               |                 |  |  |
|   | Rig Release Date   | e:  | ·                               |                 |  |  |
| I hereby certify that the information a                                     |  | L   | ge and belief.                  |                 |  |  |
| I hereby certify that the information a                                     |  | L   | ge and belief.                  |                 |  |  |
| mand ac   | above is true and complete to the bes                                  | t of my knowleds                          |                                 | 2019            |  |  |
| SIGNATURELAND   | above is true and complete to the bes                                  | et of my knowledg                         | ateDATE_06/18/                  |                 |  |  |
| SIGNATURE Mendy A. John   | above is true and complete to the bes                                  | t of my knowleds                          | ateDATE_06/18/                  |                 |  |  |
| SIGNATURELAND   | above is true and complete to the best PTLE Adminition E-mail address: | st of my knowledg<br>strative Association | DATE 06/18/2                    | -592-6280       |  |  |
| SIGNATURE Mendy A. John   | above is true and complete to the best PTLE Adminition E-mail address: | st of my knowledg<br>strative Association | ateDATE_06/18/                  | -592-6280       |  |  |



District I 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

Title: ADMINISTRATIVE ASSOCIATE

Date:

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

Phone: 806-592-6280

HOBBS OCD

JUN 2 4 2019

| State of New Mexico                                      |  |
|--|--|
| <b>Energy, Minerals and Natural Resources Department</b> |  |
| Oil Conservation Division Hobbs District Office          |  |

|                                       |   |               | on ec              |                | ENHEAD TE     |              |                           |                          |  | RE                                      | CEIVED    |  |
|---------------------------------------|---|---------------|--------------------|----------------|---------------|--------------|---------------------------|--------------------------|--|---|-----------|--|
| Operator Name OCCIDENTAL PERMIAN, LTD |   |               |                    |                |               |              |                           |                          |  | <sup>3</sup> API Number<br>30-025-28306 |           |  |
| Property Name SOUTH HOBBS (G/SA) UNIT |   |               |                    |                |               |              |                           | Well No.<br>COOP 3       |  |   |           |  |
| L                                     |   |               |                    |                | Surface Locat | tion         |                           |                          |  |   |           |  |
| UL - Lot Section Township Range       |   |               |                    | Feet from      |               | 'S Line      | Feet From                 |                          | E/W Line                                     | County                                  |           |  |
| C 4 19-S 38-E 645 NORTH  Well Status  |   |               |                    |                |               |              |                           | 204                      | 3 1  | WEST                                    | LEA       |  |
|                                       |   |               |                    |                |               |              |                           |                          |  |   |           |  |
| Well Status                           |   |               | SHUT-IN            |                | PRODUCING     |              |                           | DATE<br>C-19             |  |   |           |  |
| HOI                                   | OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH |               |                    |                |               |              |                           |                          |  |   |           |  |
|                                       | OFE   | NBRADEN       | HEAD AND IN        |                | DBSERVED DA   |              | VIDUALL                   | 11 FUR 13                | MINUTE                                       | S EACH                                  |           |  |
| If bradenhead                         | flowed wat  | er, check al  | l of the descripti |                |               | 114          |                           |                          |  |   |           |  |
|                                       |   | (A)S          | urf-Interm         | (B)Interm      | (1)-Interm(2) | (C)Inte      | (C)Interm-Prod            |                          | (D)Prod Csng                                 |   | (E)Tubing |  |
| Pressure                              |   |               | 0                  | A              | IA            |              | NA                        |                          | ,  | 0                                       | No Gauge  |  |
| Flow Charac                           |   |               |                    |                | /             |              | 7                         |                          |  | 6                                       |           |  |
| Puff                                  |   |               | Y I                |                | Y/N           |              | Y/N                       |                          | 1  | Y                                       |           |  |
| <b>.</b>                              | Steady Flow   |               | Y/60<br>Y/60       | Y/N            |               |              | Y/N<br>Y/N                |                          |  | Y 1600                                  |           |  |
| Surge<br>Down to no                   |   | <del>  </del> | 17(D) N            |                | Y/N<br>Y/N    | -            | Y / N                     |                          |  | Ŷ)/ N                                   |           |  |
| Gas or C                              | •   |               | Y 100              |                | Y/N           | <del>-</del> | Y/ N                      |                          | Y/N  |   |           |  |
| Water                                 |   |               | Y /(N)             |                | Y / N         |              | Y / N                     |                          | ľ  | Y (N)                                   | ;         |  |
|                                       | _   |               |                    | ı              |               |              |                           |                          | <u>.                                    </u> |   |           |  |
| If bradenhead                         | flowed wat  | ter, check al | l of the descripti | ons that apply | <u>v:</u>     |              |                           |                          |  |   |           |  |
| CLEAR FR                              |   | FRE           | ESH                |                |               | SULFUR       |                           |                          | BLACK  |   |           |  |
| Dannalas                              |   |               |                    |                |               | DATE         | COTTAIC A                 | ттист                    | TAME   | WTD                                     | GAS, CO2  |  |
| Remarks:                              |   | UIC           | •                  |                |               | IIVJ         | ECTING A                  | 11 11112 1               | HVIE   | _WTR,G                                  | GAS,CO2   |  |
|                                       |   | UDC           |                    |                |               |              |                           |                          |  |   |           |  |
|                                       |   |               |                    |                |               |              |                           |                          |  |   |           |  |
|                                       |   |               |                    |                |               |              |                           |                          |  |   |           |  |
|                                       |   |               |                    |                |               |              |                           |                          |  |   |           |  |
|                                       |   |               |                    |                |               |              | :                         |                          |  |   |           |  |
|                                       |   |               |                    |                |               |              |                           |                          |  |   |           |  |
|                                       |   |               |                    |                |               |              |                           |                          |  |   |           |  |
|                                       |   |               |                    |                |               |              |                           |                          |  |   |           |  |
|                                       |   |               |                    | <del> </del>   |               |              |                           |                          |  |   |           |  |
| Signature:                            | Signature: O  |               |                    |                |               |              |                           | OH COMPERMATION PROVINCE |  |   |           |  |
| Meray ATMOUN                          |   |               |                    |                |               |              | OIL CONSERVATION DIVISION |                          |  |   |           |  |
| Printed name: MENDY JOHNSON           |   |               |                    |                |               |              | Entered into RBDMS        |                          |  |   |           |  |
| Title: ADMI                           | NISTRATIV   | VE ASSOCI     | ATE                |                |               |              | - 1                       | Re-test                  |  |   | 151       |  |

Re-test