

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 88218
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

WELL API NO. 30-025-28543
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 South Hobbs (G/SA) Unit
8. Well Number 172
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)

SUNRISE 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"/> Injector	
2. Name of Operator Occidental Permian, Ltd	
3. Address of Operator 1017 West Stanolind Road, Hobbs, NM 88242	
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>635</u> feet from the <u>East</u> line Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3612' KB	

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 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: Casing Integrity Test <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: 07-17-19
Pressure readings: Initial - 560 PSI Ending - 560 PSI
Length of test: 32 minutes
Witnessed: Yes - Gary Robinson NMOCD

Spud Date:

Rig Release Date:

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

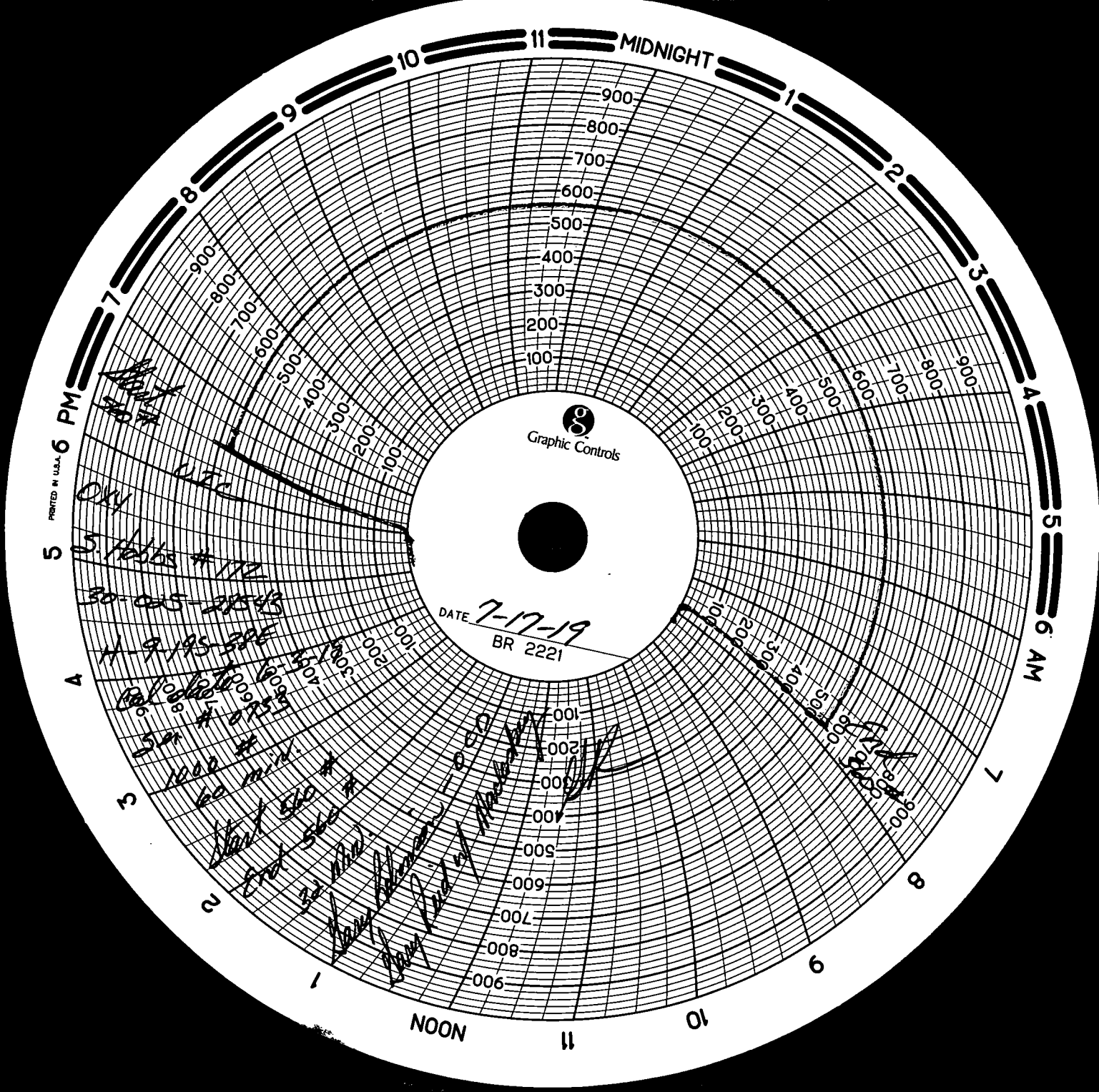
SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 07/22/19

Type or print name Justin Saxon E-mail address: Justin_Saxon@oxy.com PHONE: 575-397-8206

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 7-26-19

Conditions of Approval (if any):



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 30-025-28543
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 172

7. Surface Location

UL - Lot H	Section 9	Township 19-S	Range 38-E	Feet from 1980	N/S Line NORTH	Feet From 635	E/W Line EAST	County LEA
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Well Status

Well Status <i>ACTIVE</i>	SHUT-IN <i>NO</i>	PRODUCING <i>N/A</i>	DATE <i>7-17-19</i>
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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	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>No Gauge</i>
<u>Flow Characteristics</u>					
Puff	Y / <i>(N)</i>	Y / N	Y / N	<i>(Y)</i> / N	
Steady Flow	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	
Surges	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	
Down to nothing	<i>(Y)</i> / N	Y / N	Y / N	<i>(Y)</i> / N	
Gas or Oil	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	
Water	Y / <i>(N)</i>	Y / N	Y / N	Y / <i>(N)</i>	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

UIC

Signature:		OIL CONSERVATION DIVISION	
Printed name: MENDY JOHNSON		Entered into RBDMS	
Title: ADMINISTRATIVE ASSOCIATE		Re-test <i>[Signature]</i>	
E-mail Address: <u>mendy_johnson@oxy.com</u>			
Date:	Phone: 806-5926280		
Witness: <i>[Signature]</i>			