

Submit 1 Copy To Appropriate District

Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 746-1883

811 S. First St., Apt. 302, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Apt. 100, 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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO. 30-025-07621
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 187
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3613' GR

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
1710 West Stanolind Road, Hobbs NM, 88240

4. Well Location
Unit Letter J : 1980 feet from the South line and 1980 feet from the East line
Section 5 Township 19-S Range 38-E NMPM Lea County

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <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: 07/29/19
Pressure readings: Initial - 595 PSI Ending 590 PSI
Length of test: 32 minutes
Witnessed: Yes - Kerry Fortner - 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.

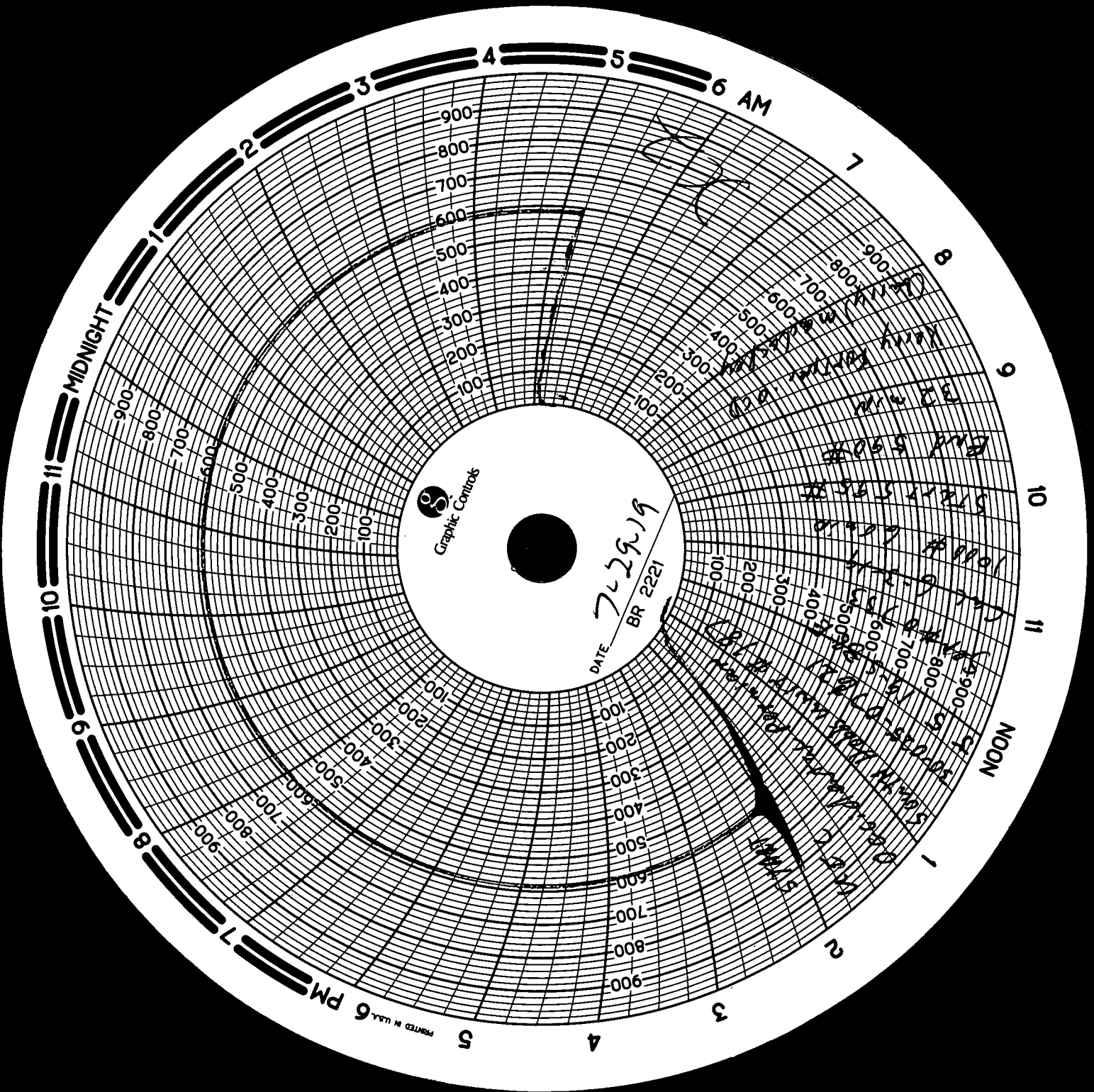
SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 08/06/19

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 A DATE 8-8-19

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 30-025-07621
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 187

7. Surface Location

UL - Lot J	Section 5	Township 19-S	Range 38-E	Feet from 1980	N/S Line SOUTH	Feet From 1980	E/W Line EAST	County LEA
---------------	--------------	------------------	---------------	-------------------	-------------------	-------------------	------------------	---------------

Well Status

Well Status A	SHUT-IN N	PRODUCING INS	DATE 7-29-19
-------------------------	---------------------	-------------------------	------------------------

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 Csgng	(E)Tubing
Pressure	0	✓	✓	0	154
Flow Characteristics					
Puff	Y / 0	Y / N	Y / N	0 / N	
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	
Surges	Y / 0	Y / N	Y / N	Y / 0	
Down to nothing	0 / N	Y / N	Y / N	0 / N	
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	
Water	Y / 0	Y / N	Y / N	Y / 0	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
-------	-------	-------	--------	-------

Remarks:

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

UIC TEST
(Larry) MacLaskley
Ser # 0733
CAL 6-3-19

Signature:	OIL CONSERVATION DIVISION	
Printed name: MENDY JOHNSON	Entered into RBDMS	
Title: ADMINISTRATIVE ASSOCIATE	Re-test	
E-mail Address: mendy_johnson@oxy.com		
Date:	Phone: 806-592-6280	
Witness: Kerry Fortner - OCD		

399-3221