

Submit 1 Copy To Appropriate District Office
District I - (575) 391-6101
1625 N. French St., Hobbs, NM 88240
District II - (505) 748-1283
811 S. 1st St., Artesia, NM 88210
District III - (505) 335-178
1000 Rio Brazos Blvd., Aztec, NM 87410
District IV - (505) 476-3466
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

WELL API NO. 30-025-28982
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 188
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 <u>K</u> : <u>1493</u> feet from the <u>South</u> line and <u>1802</u> feet from the <u>West</u> line Section <u>5</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.) 3623.1' 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: 07/29/19
Pressure readings: Initial - 560 PSI Ending - 560 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.

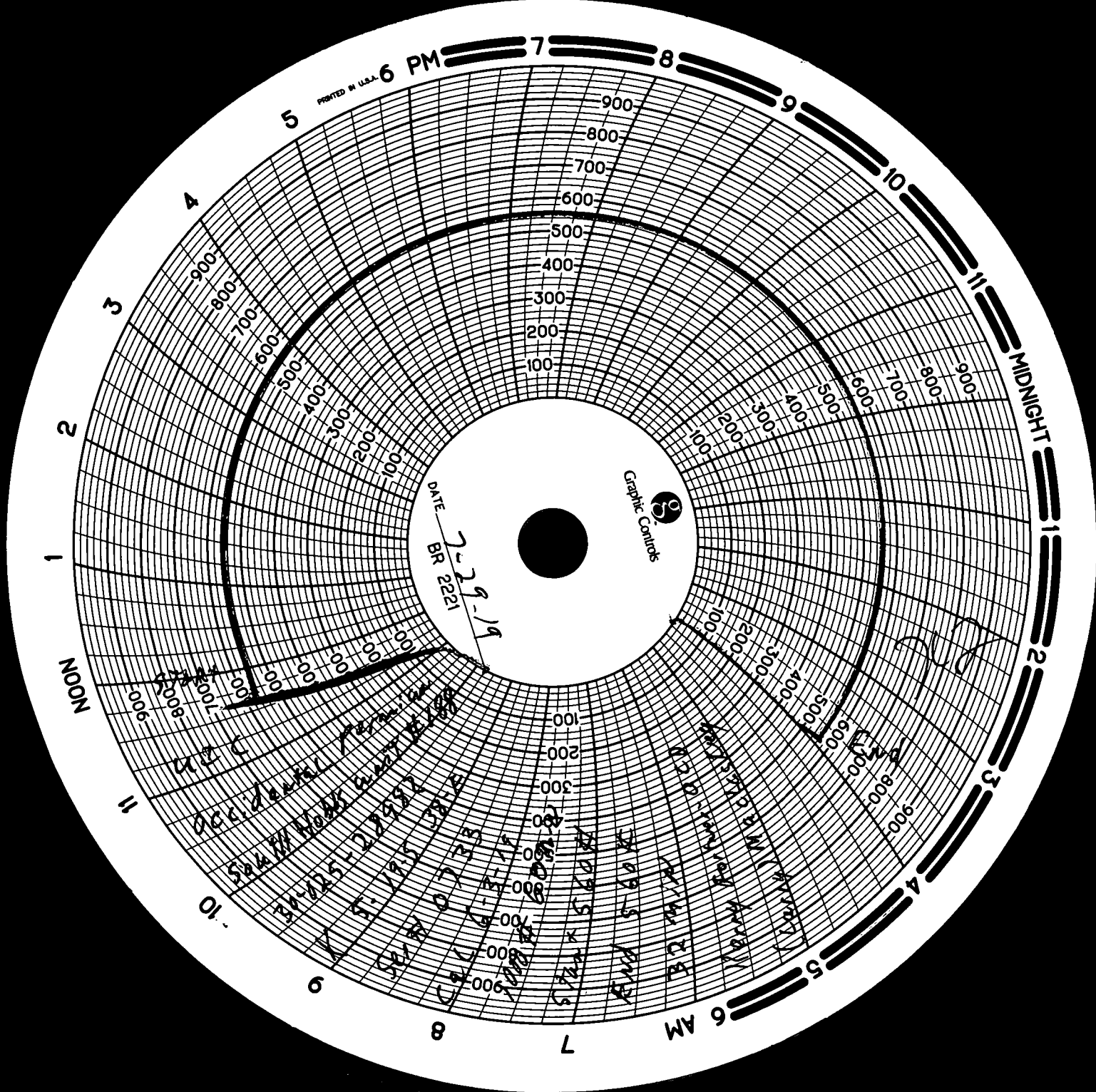
SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 08/06/19

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 30-025-28982
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 188

7. Surface Location

UL - Lot K	Section 5	Township 19-S	Range 38-E	Feet from 1493	N/S Line SOUTH	Feet From 1802	E/W Line WEST	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 Csg	(E)Tubing
Pressure	0	—	—	0	1463
<u>Flow Characteristics</u>					
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

WTC TEST
(Larry) MacLasky
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	