

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

WELL API NO. 30-025-29520
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 207
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3606' GL

SEVERAL 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: <input type="checkbox"/> 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, 88240	
4. Well Location Unit Letter <u>L</u> : <u>1944</u> feet from the <u>South</u> line and <u>624</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.) 3606' GL	

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 - 565 PSI Ending - 555 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):

PRINTED IN U.S.A.

5 6 PM

5

MIDNIGHT

Graphic Controls

DATE

7-29-19

BR 2221

NOON

11

10

9

8

7

6 AM

5

4

3

2

1

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

1000

1100

1200

1300

1400

1500

1600

1700

1800

1900

2000

2100

2200

2300

2400

2500

2600

2700

2800

2900

3000

3100

3200

3300

3400

3500

3600

3700

3800

3900

4000

4100

4200

4300

4400

4500

4600

4700

4800

4900

5000

5100

5200

5300

5400

5500

5600

5700

5800

5900

6000

6100

6200

6300

6400

6500

6600

6700

6800

6900

7000

7100

7200

7300

7400

7500

7600

7700

7800

7900

8000

8100

8200

8300

8400

8500

8600

8700

8800

8900

9000

9100

9200

9300

9400

9500

9600

9700

9800

9900

10000

10100

10200

10300

10400

10500

10600

10700

10800

10900

11000

11100

11200

11300

11400

11500

11600

11700

11800

11900

12000

12100

12200

12300

12400

12500

12600

12700

12800

12900

13000

13100

13200

13300

13400

13500

13600

13700

13800

13900

14000

14100

14200

14300

14400

14500

14600

14700

14800

14900

15000

15100

15200

15300

15400

15500

15600

15700

15800

15900

16000

16100

16200

16300

16400

16500

16600

16700

16800

16900

17000

17100

17200

17300

17400

17500

17600

17700

17800

17900

18000

18100

18200

18300

18400

18500

18600

18700

18800

18900

19000

19100

19200

19300

19400

19500

19600

19700

19800

19900

20000

20100

20200

20300

20400

20500

20600

20700

20800

20900

21000

21100

21200

21300

21400

21500

21600

21700

21800

21900

22000

22100

22200

22300

22400

22500

22600

22700

22800

22900

23000

23100

23200

23300

23400

23500

23600

23700

23800

23900

24000

24100

24200

24300

24400

24500

24600

24700

24800

24900

25000

25100

25200

25300

25400

25500

25600

25700

25800

25900

26000

26100

26200

26300

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 30-025-29520
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 207

7. Surface Location

UL - Lot L	Section 5	Township 19-S	Range 38-E	Feet from 1944	N/S Line SOUTH	Feet From 624	E/W Line WEST	County LEA
---------------	--------------	------------------	---------------	-------------------	-------------------	------------------	------------------	---------------

Well Status

Well Status A	SHUT-IN N	PRODUCING INT	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	1068
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	0 / N	
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Down to nothing	0 / N	Y / N	Y / N	0 / N	
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	

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) MacLagkey  
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