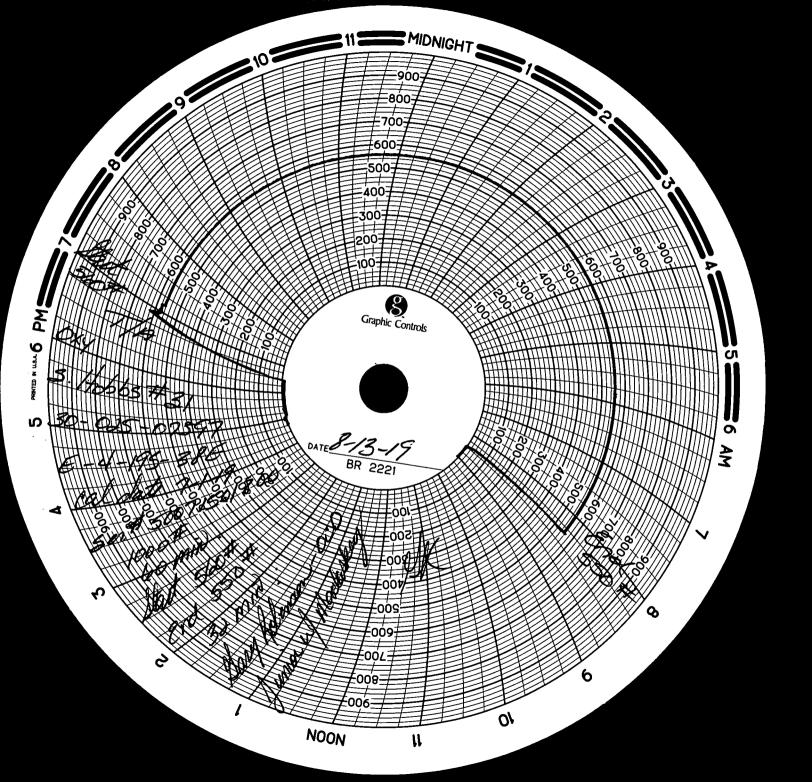
Submit 1 Copy To Appropriate District Office	State of New Me		Form C-103		
	Energy, Minerals and Natu	iral Resources	Revised July 18, 2013 WELL API NO.		
District II – (575) 748-1283		DIVISION	30-025-07597		
811 S. First St., Artesia, NM 88210 District III - (505) 334.6178	1220 South St. Error	DIVISION	5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, 1000	Santa Eo. NM 8	TCIS Dr.	STATE 🔀 FEE 🗌		
$\frac{\text{District 1}}{1625 \text{ N}. \text{ French Dr., Hobbs, NM 88240}}$ $\frac{\text{District 11}}{1625 \text{ N}. \text{ French Dr., Hobbs, NM 88240}}$ $\frac{\text{District 11}}{1625 \text{ N}. \text{ French Dr., Hobbs, NM 88240}}$ $\frac{\text{District 11}}{1625 \text{ N}. \text{ French Dr., Artesia, NM 88210}}$ $\frac{\text{District 11}}{1620 \text{ N}. \text{ Francis Rd., Aztec, NM 88210}}$ $\frac{\text{District 1V}}{1220 \text{ S}. \text{ St. Francis Dr. Santa Fe, NM 87305}}$		7505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Die Santa Fe, NM 87505					
SUNPRY NOTIC	ES AND REPORTS ON WELLS	ΠΩ ΒΑΩΚ ΤΟ Α	7. Lease Name or Unit Agreement Name		
SUNARY NOTIC (DO NOT USE THIS FORM FOR PROPOR DIFFERENT RESERVOIR. USE PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FO	DR SUCH	South Hobbs (G/SA) Unit		
PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number 31				
2. Name of Operator	Gas Well 🗌 Other Temporari		9. OGRID Number 157984		
Occidental Permian, Ltd					
3. Address of Operator			10. Pool name or Wildcat		
1017 West Stanolind Road,	Hobbs, NM 88240		Hobbs (G/SA)		
4. Well Location Unit Letter E :	2310 feet from the North		00 c. c. u. West u		
		line and99			
Section 4	Township 19-S Ra	ange 38-E	NMPM Lea County		
	3603' GL	, <i>KKD</i> , <i>K</i> 1, OK, <i>ek.)</i>			
······································			• • • •		
12. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other Data		
	CHANGE PLANS	COMMENCE DRI			
		CASING/CEMENT			
CLOSED-LOOP SYSTEM					
OTHER: TA status extension request	<u> </u>		tegrity test/TA status request		
			l give pertinent dates, including estimated date npletions: Attach wellbore diagram of		
proposed completion or reco		2. Tor Multiple Cor	inpletions. Attach wendore diagram of		
	•				
Date of test: 08/13/2019 Pressure readings: Initia	- 560 PSI Ending 550 PSI				
Length of test: 32 minute	es				
Witnessed: Yes - Gary F	lobinson - NMOCD				
Spud Date:	Rig Release Da	ata:			
Spud Date.					
I hereby certify that the information a	bove is true and complete to the b	est of my knowledge	e and belief.		
1.1	/	<u>-</u>			
//	5		C al 19		
SIGNATURE	TITLE Wells	Surveillance Lead	DATE_ <u><i>8-21-19</i></u>		
Type or print name Justin Saxon	E-mail address	s: Justin_Saxon@	oxy.com PHONE: 575-397-8206		
For State Use Only			<u> </u>		
	л				
	· /.	1 . 1.1.1	P 21 16		
APPROVED BY: Keyfolon	minitus TITLE	hai Offici	DATE 8-2619		
APPROVED BY: <u>Many Holon</u> Conditions of Approval (if any):	TITLE OUP	hair Office	DATE 8-2619		



State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD						³ API Number 30-025-07597			
Property Name SOUTH HOBBS (G/SA) UNIT						Well No. 31			
			2	^{7.} Su	rface Locatio	n		•	
UL - Lot E	Section 4	Township 19-S	Range 38-E		Feet from 2310	N/S Line NORTH	Feet From 990	E/W Line WEST	County LEA
				V	Vell Status				
Well Status SHUT-IN		PRODUCING		DATE 8-13-19					
f bradenhead			HEAD AND IN	OBS	O ATMOSPHEI ERVED DA I	re individuall ΓΑ	Y FOR 15 MINUT	TES EACH	
			rf-Interm	(B)Interm(1)-I	nterm(2)	(C)Interm-Prod	(D)Pro	od Csng	(E)Tubing
ressure	ressure		0	N	2	NA	-	O	NOVE
low Charac	teristi <u>cs</u>		-	17				<u> </u>	
Puff		Y		¥7	N	Y/N		Y OD Y OD	
•		Y/00	Y/	N	Y/N				
Surge	5		¥/Ø		N	Y/N		YO	
Down to nothing			ON N	Y/N		Y/N			
Gas or Oil			¥7 @	Y/	N	Y/N		Y D	
Water	Water Y / N		Y/	N	Y/N		YAD		
<u>f bradenhead</u>	flowed wat	<u>ter, check all</u>	of the descripti	ons that apply:					
CLEAR		FRE	SH	SAL	ſ¥	SULFU	R	BLACK	
Remarks: T	9 Ē	sterlic	N			INJECTING AT	THIS TIME	_WTR,GA	AS,CO2

Signature:		OIL CONSERVATION DIVISION		
Printed name: MENDY JOHNSON		Entered into RBDMS		
Title: ADMINISTRATIVE ASSOCIA	TE	Re-test	KI	
E-mail Address: mendy_johnson@ox	<u>y.com</u>			
Date:	Phone: 806-592-6280			
	Witness: Jory hourson			
		<u> </u>	<u> </u>	