

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 446-1283  
811 S. First St., Artesia, NM 88201  
District III - (505) 334-6161  
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

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

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-42648
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator 1017 West Stanolind Road, Hobbs, NM 88240		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
4. Well Location Unit Letter <u>I</u> : <u>2188</u> feet from the <u>South</u> line and <u>557</u> feet from the <u>East</u> line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well Number <u>258</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3627.4' KB		9. OGRID Number <u>157984</u>
		10. Pool name or Wildcat Hobbs (G/SA)

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: 08/12/2019  
Pressure readings: Initial - 520 PSI Ending - 500 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 Justin Saxon TITLE Well Surveillance Lead DATE 8-21-19

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

For State Use Only

APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 8-26-19

Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE

BR 2221

NOON

6 AM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

1

2

3

4

5

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 30-025-42648
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 258

7. Surface Location

UL - Lot I	Section 4	Township 19-S	Range 38-E	Feet from 2188	N/S Line SOUTH	Feet From 557	E/W Line EAST	County LEA
---------------	--------------	------------------	---------------	-------------------	-------------------	------------------	------------------	---------------

Well Status

Well Status <i>ACTIVE</i>	SHUT-IN <i>N</i>	PRODUCING <i>INJ</i>	DATE <i>8-12-19</i>
------------------------------	---------------------	-------------------------	------------------------

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>1551</i>
Flow Characteristics					
Puff	<i>(Y) N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Steady Flow	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Down to nothing	<i>(Y) N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>(Y) N</i>	
Gas or Oil	<i>(Y) N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	

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*

Signature:	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test <i>sk</i>
E-mail Address: <u>mendy_johnson@oxy.com</u>	
Date:	Phone: 806-592-6280
Witness: <i>Mendy Johnson</i>	