

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

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| WELL API NO. 30-025-29730 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA) UNIT |
| 8. Well Number 214 |
| 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 <input type="checkbox"/> Temporarily Abandoned | |
| 2. Name of Operator Occidental Permian, Ltd | |
| 3. Address of Operator 1017 W Stanolind Rd, Hobbs NM 88240 | |
| 4. Well Location Unit Letter <u>E</u> : <u>1720</u> feet from the <u>North</u> line and <u>549</u> feet from the <u>West</u> line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Casing integrity test/ TA status extension request

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 04/2/20
Pressure Readings initial 580 ending 555
length of test 60 minutes
Witnessed- NO

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: 6/1/21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: XZ

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 04-14-2020

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

For State Use Only

APPROVED BY: Kerry Forner TITLE COA DATE 5-21-20

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 391-0721

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 30-025-29730 |
| Property Name SOUTH HOBBS (GSA) UNIT | Well No. 214 |

7. Surface Location

| | | | | | | | | |
|---------------|--------------|------------------|---------------|-------------------|-------------------|------------------|------------------|---------------|
| UL - Lot E | Section 4 | Township 19-S | Range 38-E | Feet from 1720 | N/S Line NORTH | Feet From 549 | E/W Line WEST | County LEA |
|---------------|--------------|------------------|---------------|-------------------|-------------------|------------------|------------------|---------------|

Well Status

| | | | | | | |
|--|--|---|---|---|---|------------------|
| TA'D Well <input checked="" type="radio"/> Yes <input type="radio"/> No | SHUT-IN <input checked="" type="radio"/> Yes <input type="radio"/> No | INJ <input type="radio"/> Yes <input type="radio"/> No | SWD <input type="radio"/> Yes <input type="radio"/> No | OIL <input type="radio"/> Yes <input type="radio"/> No | GAS <input type="radio"/> Yes <input type="radio"/> No | DATE 4-2-2020 |
|--|--|---|---|---|---|------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

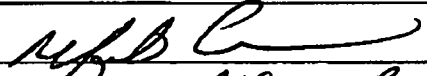
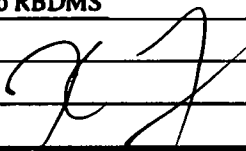
OBSERVED DATA

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

| | (A)Surf-Interm | (B)Interm(1)-Interm(2) | (C)Interm-Prod | (D)Prod Casing | (E)Tubing |
|-----------------------------|--------------------------------------|---------------------------|---------------------------|--------------------------------------|--|
| Pressure | | | | | |
| Flow Characteristics | | | | | |
| Puff | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input checked="" type="radio"/> | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input checked="" type="radio"/> | WTR <input type="checkbox"/> |
| Surges | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input checked="" type="radio"/> | GAS <input type="checkbox"/> |
| Down to nothing | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input checked="" type="radio"/> | Type of Fluid Injected for Water Flood if applies |
| Gas or Oil | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input checked="" type="radio"/> | |
| Water | Y/N <input checked="" type="radio"/> | Y/N <input type="radio"/> | Y/N <input type="radio"/> | Y/N <input checked="" type="radio"/> | |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A

| | |
|--|---|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: JUSTIN SAXON | Entered into RBDMS |
| Title: WELL SURVEILLANCE LEAD | Re-test  |
| E-mail Address: Justin_Saxon@oxy.com | |
| Date: | |
| Phone: 575-397-8206 | |
| Witness: | |

