

Submit a 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.<br><b>30-025-28345</b>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>19552</b>                                                        |
| 7. Lease Name or Unit Agreement Name<br><b>South Hobbs G/SA Unit</b>                                |
| 8. Well Number <b>142</b>                                                                           |
| 9. OGRID Number<br><b>157984</b>                                                                    |
| 10. Pool name or Wildcat<br><b>Hobbs; Grayburg - San Andres</b>                                     |

|                                                                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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"/> Injector <input type="checkbox"/>                                                                 |  |
| 2. Name of Operator<br><b>Occidental Permian LTD.</b>                                                                                                                                                                 |  |
| 3. Address of Operator<br><b>P.O. BOX 4294, HOUSTON, TX 77210</b>                                                                                                                                                     |  |
| 4. Well Location<br>Unit Letter <b>O</b> : <b>1310</b> feet from the <b>SOUTH</b> line and <b>1370</b> feet from the <b>EAST</b> line<br>Section <b>4</b> Township <b>19S</b> Range <b>38E</b> NMPM County <b>LEA</b> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3611' GL</b>                                                                                                                                                 |  |

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"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: <b>Casing Integrity Test</b> <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: 1/5/2022

Pressure readings: Initial - 580 PSI Ending - 570 PSI

Length of test: 32 minutes

Witnessed: Yes - Gary Robinson - NMOCD

See attached passing chart

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 Roni Mathew TITLE Regulatory Analyst Sr. DATE 2/9/2022

Type or print name Roni Mathew E-mail address: roni\_mathew@oxy.com PHONE: 713-215-7827  
**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3/2/22  
 Conditions of Approval (if any) 575-263-6633



District 1  
1635 N French Dr., Hobbs, NM 88240  
Phone (575) 392-6151 Fax (575) 392-6720

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

**BRADENHEAD TEST REPORT**

|                                  |  |                                   |  |
|----------------------------------|--|-----------------------------------|--|
| Operator Name<br><i>Oxy</i>      |  | API Number<br><i>30-025-28345</i> |  |
| Property Name<br><i>S. Hobbs</i> |  | Well No<br><i>4142</i>            |  |

**1. Surface Location**

|                        |                     |                        |                     |                          |                      |                          |                      |                      |
|------------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| U.L. - Lot<br><i>0</i> | Section<br><i>4</i> | Township<br><i>19S</i> | Range<br><i>38E</i> | Feet from<br><i>1310</i> | N/S Line<br><i>5</i> | Feet From<br><i>1370</i> | E/W Line<br><i>E</i> | County<br><i>LEA</i> |
|------------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

**Well Status**

|     |                        |     |                      |                   |     |     |          |     |                       |
|-----|------------------------|-----|----------------------|-------------------|-----|-----|----------|-----|-----------------------|
| YES | TA'D WELL<br><i>NO</i> | YES | SHUT-IN<br><i>NO</i> | INJ<br><i>INJ</i> | SWD | OIL | PRODUCER | GAS | DATE<br><i>1-5-22</i> |
|-----|------------------------|-----|----------------------|-------------------|-----|-----|----------|-----|-----------------------|

**OBSERVED DATA**

|                             | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Casing | (E)Tubing                                                                   |
|-----------------------------|------------|--------------|--------------|----------------|-----------------------------------------------------------------------------|
| Pressure                    | <i>0</i>   |              |              | <i>0</i>       | <i>0</i>                                                                    |
| <b>Flow Characteristics</b> |            |              |              |                |                                                                             |
| Puff                        | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>     | CO2<br>WTR<br>GAS<br>Type of Fluid<br>Exposed for<br>Weathered &<br>Applies |
| 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>     |                                                                             |

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

*PWO  
MIT/BHT*

|                              |        |                           |
|------------------------------|--------|---------------------------|
| Signature                    |        | OIL CONSERVATION DIVISION |
| Printed name:                |        | Entered into RBDMS        |
| Title                        |        | Re-test                   |
| E-mail Address:              |        |                           |
| Date:                        | Phone: |                           |
| Witness: <i>Gay Robinson</i> |        |                           |

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
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Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS

Action 80474

CONDITIONS

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>157984                                     |
|                                                                               | Action Number:<br>80474                              |
|                                                                               | Action Type:<br>[C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| kfortner   | None      | 3/2/2022       |