

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

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) 334-6175
1000 Rio Brazos Rd., Artesia, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources

Revised July 18, 2013

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

HOBBS OCD
RECEIVED
SEP 12 2018

WELL API NO. 30-025-07669
5. Indicate Type of Lease STATE [x] FEE [ ]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 64
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3606' KB

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 [ ] Gas Well [ ] Other Injector [ ]
2. Name of Operator Occidental Permian, Ltd
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323
4. Well Location Unit Letter B : 660 feet from the North line and 1980 feet from the East line
Section 9 Township 19-S Range 38-E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3606' KB

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 [x]

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: 08/21/2018
Pressure readings: Initial - 575 PSI Ending - 560 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 Mandy A Johnson TITLE Admin. Associate DATE 09/10/2018

Type or print name Mandy A. Johnson E-mail address: mandy\_johnson@oxy.com PHONE: 806-592-6280

For State Use Only

APPROVED BY: Mandy A Johnson TITLE AO/I DATE 9/18/2018
Conditions of Approval (if any):

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 30-025-07669
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 64

**7. Surface Location**

UL - Lot B	Section 9	Township 19-S	Range 38-E	Feet from 660	N/S Line NORTH	Feet From 1980	E/W Line EAST	County LEA
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**Well Status**

Well Status <b>A</b>	SHUT-IN <b>N</b>	PRODUCING <b>INT</b>	DATE <b>8-21-18</b>	<b>Water flowed in</b>
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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 Csgng	(E)Tubing
Pressure	0	—	—	0	986
<b>Flow Characteristics</b>					
Puff	0 / N	Y / N	Y / N	0 / N	
Steady Flow	Y / 0	Y / N	Y / N	Y / N	
Surges	Y / 0	Y / N	Y / N	Y / N	
Down to nothing	0 / N	Y / N	Y / N	Y / N	
Gas or Oil	Y / 0	Y / N	Y / N	Y / N	
Water	Y / 0	Y / N	Y / N	Y / N	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

INJECTING AT THIS TIME  WTR,  GAS,  CO2

Annual UIC  
 MacClaskey  
 ser # 0783  
 cal 3-28-18

Signature: <b>Mendy Johnson 9/10/18</b>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: <b>8-21-18</b>	Phone: 806-592-6280
Witness: <b>Kerry Fortner - ocd</b>	

399-3221

# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOUSTON, TEXAS 77040  
305-393-1016

THIS IS TO CERTIFY THAT:

DATE 2-23-18

L. Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT 1000 PRESSURE RECORDER

SERIAL NUMBER

1003

TESTED AT THESE POINTS.

PRESSURE <u>500</u>			PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECTED	TEST	AS FOUND	CORRECT
<u>0</u>	<u>110</u>	<u>✓</u>	<u>500</u>	<u>600</u>	<u>✓</u>
<u>110</u>	<u>200</u>	<u>—</u>	<u>600</u>	<u>700</u>	<u>—</u>
<u>200</u>	<u>300</u>	<u>—</u>	<u>700</u>	<u>800</u>	<u>—</u>
<u>300</u>	<u>400</u>	<u>—</u>	<u>800</u>	<u>900</u>	<u>—</u>
<u>400</u>	<u>500</u>	<u>✓</u>	<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS:

SIGNED:

Albert Rodriguez