

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) 338-1178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3469
 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. 30-025-26980	-
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	-
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name State "A"	-
8. Well Number 38	-
9. OGRID Number 157984	-
10. Pool name or Wildcat Hobbs (G/SA)	-
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3608' GL	

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 Temporarily Abandoned

2. Name of Operator
 Occidental Permian, Ltd

3. Address of Operator
 HCR 1 Box 90 Denver City, TX 79323

4. Well Location
 Unit Letter J : 1880 feet from the South line and 1730 feet from the East line
 Section 4 Township 19-S Range 38-E NMPM Lea County

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Casing integrity test/TA status extension request <input checked="" type="checkbox"/>
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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: 12/14/2018
 Pressure readings: Initial - 560 PSI Ending - 560 PSI
 Length of test: 32 minutes
 Witnessed: Yes - Gary Robinson - NMOCD

JPM
 This Approval of Temporary Abandonment Expires 1/15/2020

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: Mendy A. Johnson TITLE: Admin. Associate DATE: 12/20/2018

Type or print name: Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280

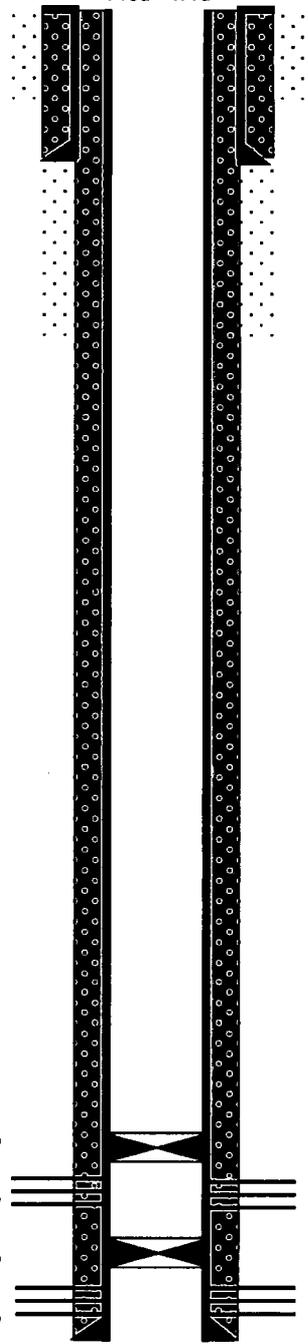
APPROVED BY: Gary Robinson TITLE: Compliance Supervisor DATE: 12/27/18
 Conditions of Approval (if any):

State A Amoco 38

API# 30-025-26980

TWN 19-S; RNG 38-E

Prod - TA'd



9-5/8" 36# @ 408'
cmt'd w/350 sxs
TOC @ Surface (Circ.)

Spot 5 sxs cmt on top of CIBP @ 2600'

Plugged back perfs 2711-3251'

CIBP @3506'

Plugged Back Perfs: 3719-3723'

7" 20# @ 3750'
cmt'd w/1042 sxs
TOC @ Surface (Circ.)

PBTB @ 2565'
TD @ 3750'

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

BRADENHEAD TEST REPORT

Operator Name Oxy Permian		API Number 30-025-26990
Property Name STATE A (Amoco)		Well No. #38

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
J	4	19S	38E	1880	S	1730	E	LEA	

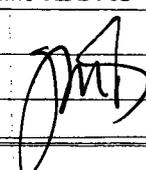
Well Status									
TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	<input type="checkbox"/> OIL	<input checked="" type="checkbox"/> GAS	12-14-18	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	NONE
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	N	Y/N	Y/N	N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

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

T/A TEST

Signature: Mendy Johnson	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMIN ASSOC.	Re-test
E-mail Address: MENDY_JOHNSON@OXY.COM	
Date: 12/20/18	
Phone:	
Witness: Harry Robinson	

INSTRUCTIONS ON BACK OF THIS FORM