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

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

HOBBS OCD
DEC 26 2018
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-37349

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: State "A"

1. Type of Well: Oil Well ☑ Gas Well ☐ Other

8. Well Number 11-Y

2. Name of Operator: Oxy USA, Inc.

9. OGRID Number: 192463

3. Address of Operator: 2611 State Hwy 214 Denver City, TX 79323

10. Pool name or Wildcat: Hobbs Wolfcamp

4. Well Location
Unit Letter J : 1484 feet from the South line and 1526 feet from the East line
Section 29 Township 18-S Range 38-E NMPM Lea County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*: 3647' GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
CLOSED-LOOP SYSTEM	☐						
OTHER:	☐			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: 12/14/2018
Pressure readings: Initial - 540 PSI Ending - 525 PSI
Length of test: 32 minutes
Witnessed: Yes - Gary Robinson - NMOCD

jp
This Approval of Temporary Abandonment Expires 12/14/2020

Spud Date: | Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

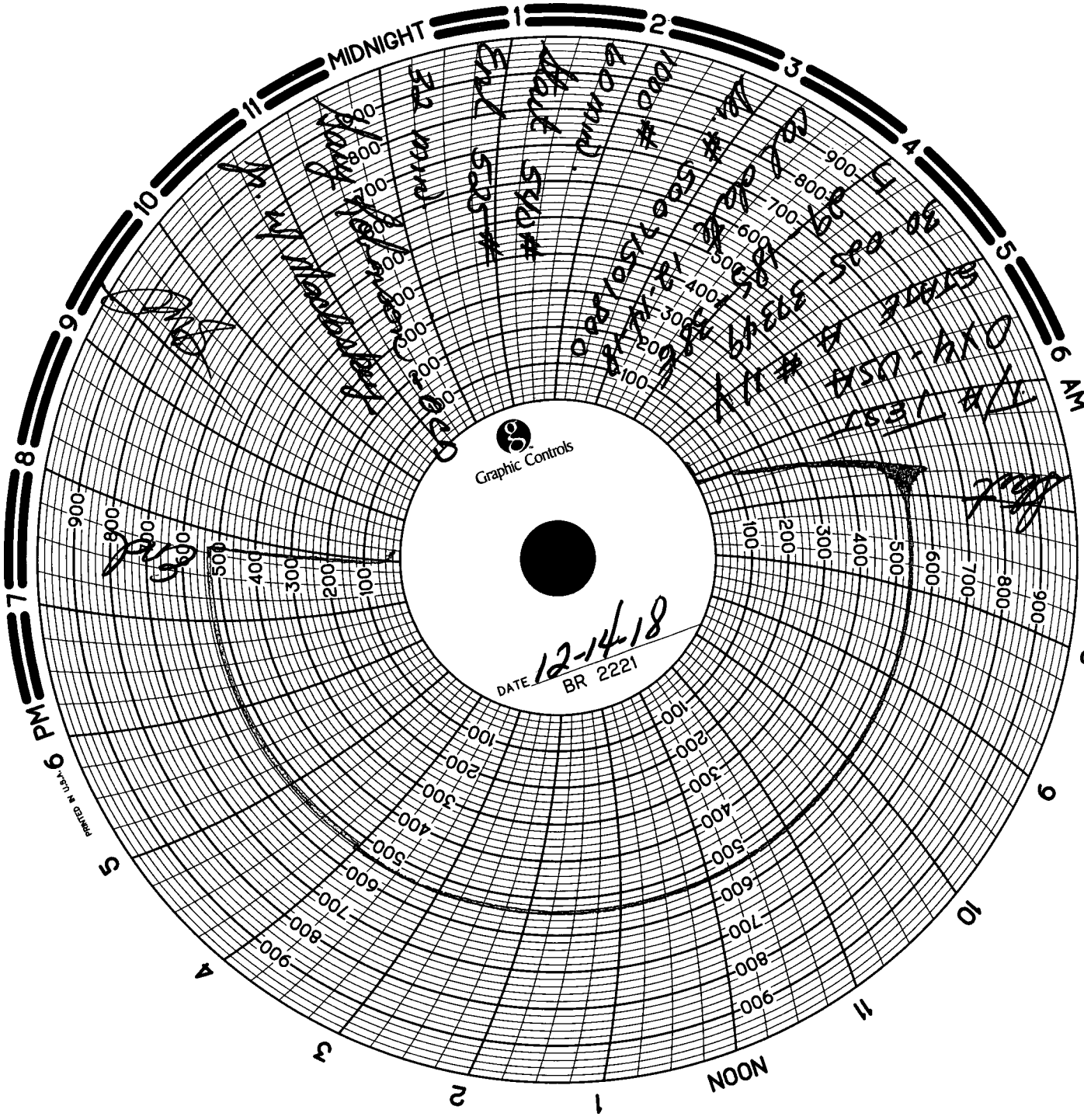
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 12/20/2018

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

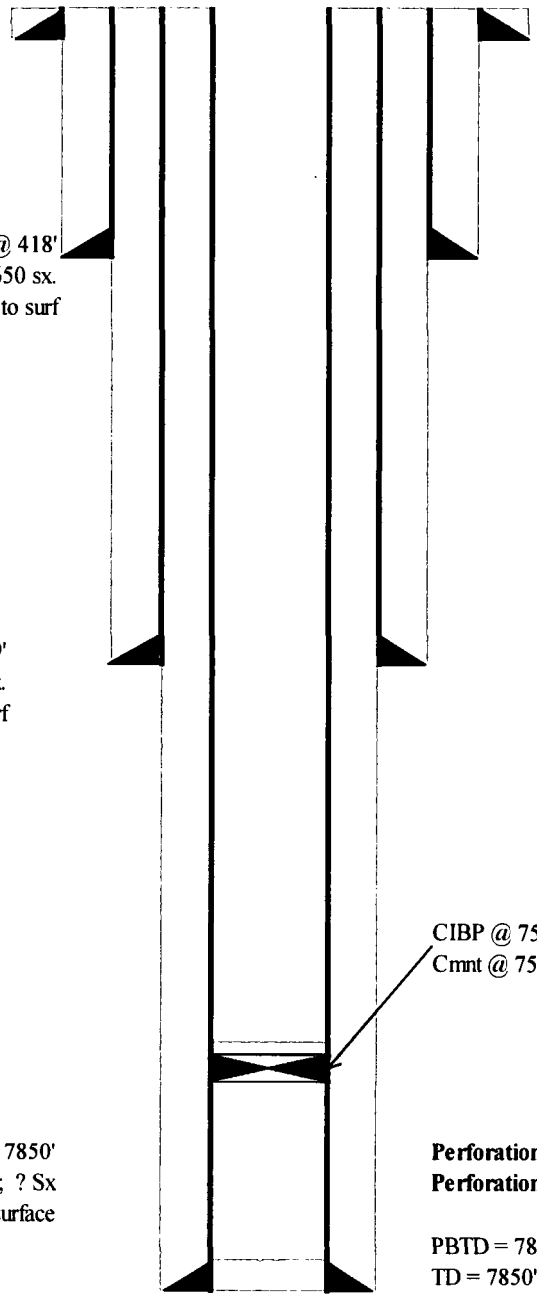
For State Use Only

APPROVED BY: [signature] TITLE Compliance Supervisor DATE 12/27/18

Conditions of Approval (if any):


MIDNIGHT
NOON
6 AM
6 PM
Graphic Controls
DATE 12-14-18
BR 2221
PRINTED IN U.S.A.

Occidental Permian Ltd.
ST A-011Y
30-025-37349
Lea Co., NM



Casing OD: 20" @ 40'
Hole size: 26"; Cmt w/ 100 sx.
Circulated

Casing OD: 13 3/8" 48# @ 418'
Hole size: 17.5"; Cmt w/ 650 sx.
Circ 450 sx to surf

Casing OD: 8 5/8" 24/32# H-40 @ 3159'
Hole size: 11"; Cmt w/ 1000 sx.
Circ 151 sx to surf

CIBP @ 7591 (9/8/09)
Cmnt @ 7570'

Casing OD: 5.5" 17# @ 7850'
Hole Size = 7-7/8"; ? Sx
Circulated to surface

Perforations: 7702-7762 (Wolfcamp) - (7/29/05)
Perforations: 7628-7813 (Wolfcamp) - (8/16/05)

PBTD = 7830' (Cement)
TD = 7850'

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name	API Number
OXY Permian	30-025-37349
Property Name	**Well No.**
STATE A	11Y

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
J	29	18S	38E		1484	S	1526	E	LEA

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	YES	NO	INJ	SWD	OIL	GAS	12-14-18

OBSERVED DATA

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

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: Gary Robinson	

INSTRUCTIONS ON BACK OF THIS FORM