

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 87418  
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>30-025-28977  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>19552   |
| 7. Lease Name or Unit Agreement Name<br>South Hobbs G/SA Unit                                       |
| 8. Well Number 179  |
| 9. OGRID Number<br>157984   |
| 10. Pool name or Wildcat<br>Hobbs; (G/SA)   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3622' GR                                      |

**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

2. Name of Operator  
Occidental Permian LTD

3. Address of Operator  
PO Box 4294 Houston, TX 77210

4. Well Location  
Unit Letter F : 1488 feet from the N line and 2490 feet from the W line  
Section 5 Township 19S Range 38E NMPM County Lea

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

|  |   |  |  |
|--|---|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |  |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |  |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: TA <input 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.

8/5/19: MIRU x NDWH x NUBOP. POOH 122 jts 2 7/8" tbg x esp equipment. RIH 5 1/2" CICR @ 3988'.  
8/6/19: Pumped 75 bbls cmt w/ 68 bbls into formation x squeezed off at 1500 psi.  
Dumped 5 bbls on top of CICR x reversed out w/ 40 bbls BW.  
8/7/19: Ran MIT - CI

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 2/1/24  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: XZ

Spud Date: 8/5/19 Rig Release Date: 8/7/19

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

SIGNATURE April Hood TITLE Regulatory Specialist DATE 09/12/2019

Type or print name April Hood E-mail address: April\_Hood@Oxy.com PHONE: 713-366-5771

**For State Use Only**

APPROVED BY: Kenny Fortner TITLE C.O. A DATE 9-20-19  
Conditions of Approval (if any):



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<br><b>Occidental Permian LTD</b> |  | API Number<br><b>30-025-28977</b> |
| Property Name<br><b>SOUTH Hobbs G/sA Unit</b>  |  | Well No.<br><b>179</b>            |

1. Surface Location

| UL - Lot | Section  | Township    | Range       | Feet from   | N/S Line | Feet From   | E/W Line | County     |
|----------|----------|-------------|-------------|-------------|----------|-------------|----------|------------|
| <b>F</b> | <b>5</b> | <b>19-S</b> | <b>38-E</b> | <b>1488</b> | <b>N</b> | <b>2490</b> | <b>W</b> | <b>Lea</b> |

Well Status

|   |                             |   |                             |                              |                                   |                              |  |                              |                       |
|---|-----------------------------|---|-----------------------------|------------------------------|-----------------------------------|------------------------------|--|------------------------------|-----------------------|
| <input checked="" type="checkbox"/> SA'D WELL | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> SHUT-IN | <input type="checkbox"/> NO | <input type="checkbox"/> INJ | <input type="checkbox"/> INJECTOR | <input type="checkbox"/> SWD | <input checked="" type="checkbox"/> PRODUCER | <input type="checkbox"/> GAS | DATE<br><b>8-7-19</b> |
|---|-----------------------------|---|-----------------------------|------------------------------|-----------------------------------|------------------------------|--|------------------------------|-----------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csmg | (E)Tubing     |
|----------------------|------------|--------------|--------------|--------------|---------------|
| Pressure             | <b>NA</b>  | <b>NA</b>    | <b>NA</b>    | <b>0</b>     | <b>0</b>      |
| Flow Characteristics |            |              |              |              | <b>TA</b>     |
| Puff                 | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/0</b>   | <b>CO2</b>    |
| Steady Flow          | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/0</b>   | <b>WTR</b>    |
| Surges               | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/0</b>   | <b>GAS</b>    |
| Down to nothing      | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>0/N</b>   | Type of Fluid |
| Gas or Oil           | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/0</b>   | Inferred for  |
| Water                | <b>Y/N</b> | <b>Y/N</b>   | <b>Y/N</b>   | <b>Y/NA</b>  | 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.

**INITIAL TA STATUS TEST**  
**Production Downhole Services**  
**Ser# MFG-2619**  
**Cal 3/20/19**

|                                     |        |                           |
|-------------------------------------|--------|---------------------------|
| Signature:                          |        | OIL CONSERVATION DIVISION |
| Printed name:                       |        | Entered into RBDMS        |
| Title:                              |        | Re-test                   |
| E-mail Address:                     |        | <b>YJ</b>                 |
| Date:                               | Phone: |                           |
| Witness: <b>Kerry Fortner - OCD</b> |        |                           |
|                                     |        | <b>399-3221</b>           |

INSTRUCTIONS ON BACK OF THIS FORM