

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-26161
 1625 N. French St., Hobbs, NM 88240
 District II - (505) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-8178
 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. 30-025-07633
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 South Hobbs (G/SA) Unit
8. Well Number 51
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3623' RDB

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 Temporary Abandoned

2. Name of Operator
Occidental Permian, Ltd

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

4. Well Location
 Unit Letter N : 990 feet from the South line and 2310 feet from the West line
 Section 5 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: 01/15/2019
 Pressure readings: Initial - 575 PSI Ending - 520 PSI
 Length of test: 32 minutes
 Witnessed: Yes - Gary Robinson - NMOCD

✓ p.m.
 This Approval of Temporary Abandonment Expires 1/15/2020

Spud Date:

Rig Release Date:

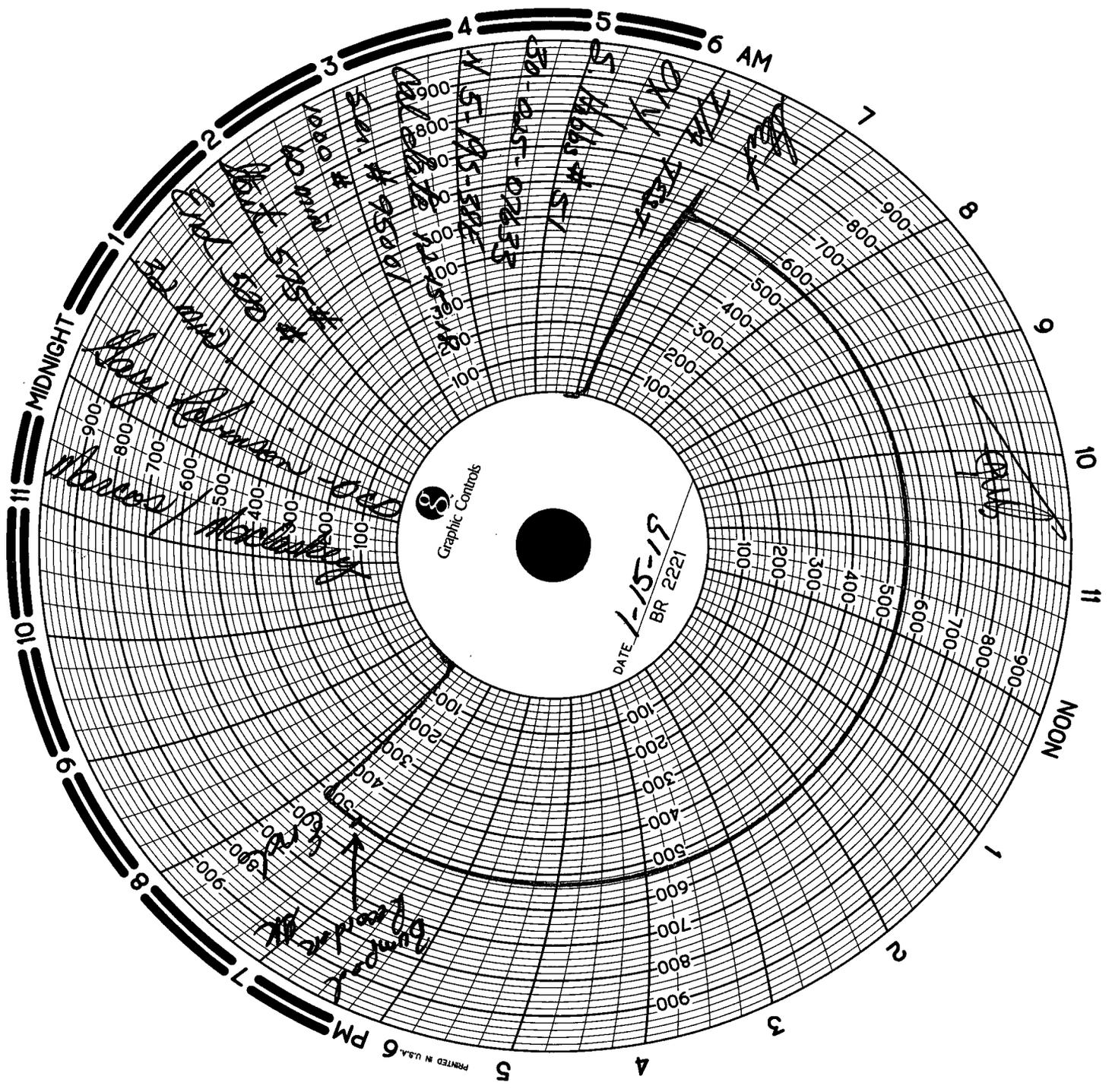
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 01/22/2019

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

For State Use Only

APPROVED BY: Gary Bowen TITLE Compliance Supervisor DATE 2/4/2019
 Conditions of Approval (if any):



MIDNIGHT

6 AM

NOON

6 PM

Graphic Controls

DATE 1-15-19
BR 2221

PRINTED IN U.S.A.

Handwritten notes and curves on the chart:

- 12: *1000*
- 1: *1000*
- 2: *1000*
- 3: *1000*
- 4: *1000*
- 5: *1000*
- 6 AM: *1000*
- 7: *1000*
- 8: *1000*
- 9: *1000*
- 10: *1000*
- 11: *1000*
- NOON: *1000*
- 1: *1000*
- 2: *1000*
- 3: *1000*
- 4: *1000*
- 5: *1000*
- 6 PM: *1000*

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

BRADENHEAD TEST REPORT

Operator Name <i>Oxy</i>		API Number <i>30-025-07633</i> ✓
Property Name <i>SOUTH HOBBS UNIT</i>		Well No. <i>051</i> ✓

UL - Lot <i>N</i>	Section <i>5</i>	Township <i>19S</i>	Range <i>38E</i>	Feet from <i>990</i>	N/S Line <i>S</i>	Feet From <i>2310</i>	E/W Line <i>W</i>	County <i>LEA</i> ✓
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Well Status

PROD WELL <input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>	SHUT-IN <input checked="" type="checkbox"/> YES	NO <input type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> INJ	SWD <input type="checkbox"/>	OIL <input type="checkbox"/>	PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE <i>1-15-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	CO2 ___
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR ___ ✓
Surges	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	

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

J/A TEST - OK

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: <i>MENDY JOHNSON</i>	Entered into RBDMS <i>JK</i>
Title: <i>ADMIN. ASSOCIATE</i>	Re-test
E-mail Address: <i>MENDY - JOHNSON @ OXY.COM</i>	
Date: <i>1/22/19</i>	
Phone: <i>800-592-6280</i>	
Witness: <i>Greg Johnson</i>	

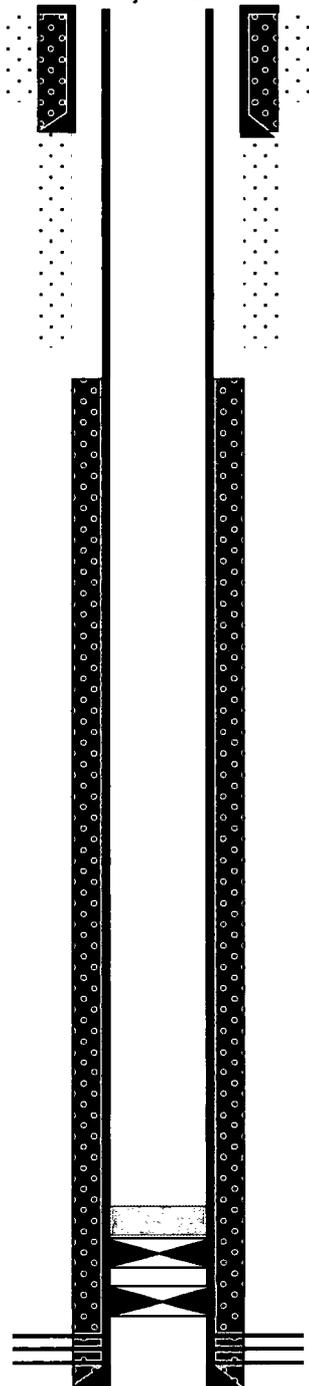
INSTRUCTIONS ON BACK OF THIS FORM

SHU 51

API# 30-025-07663

TWN 18-S; RNG 37-E

Inj - TA'd



8-5/8" 29.35# @ 297'
cmt'd w/250 sxs
TOC @ Surface (Circ.)

Spot 35' on top of CIBP @ 3970'

CIBP @ 4060'

Plugged Back Perfs: 3980-4220'

5-1/2" 14# @ 4307'
cmt'd w/305 sxs
TOC @ 2680' (Calc.)

PBTD @ 3925'
TD @ 4307'