

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

Form C-103  
 Revised July 18, 2013

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-07411                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br><b>NORTH HOBBS G/SA UNIT</b>                                |
| 8. Well Number <b>#441</b>                                                                          |
| 9. OGRID Number<br>157984                                                                           |
| 10. Pool name or Wildcat<br>HOBBS;GRAYBURG-SAN ANDRES                                               |

|                                                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>INJECTION</b>                                                                                               |  |
| 2. Name of Operator<br><b>OCCIDENTAL PERMIAN LTD</b>                                                                                                                                                                 |  |
| 3. Address of Operator<br><b>P. O. BOX 4294, HOUSTON, TX 77210-4294</b>                                                                                                                                              |  |
| 4. Well Location<br>Unit Letter <b>P</b> : <b>330</b> feet from the <b>SOUTH</b> line and <b>660</b> feet from the <b>EAST</b> line<br>Section <b>28</b> Township <b>18S</b> Range <b>38E</b> NMPM County <b>LEA</b> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                   |  |

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

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

UIC TEST DATED 12/01/2021

PRESSURE READINGS: INITIAL 560 PSI; ENDING 560 PSI

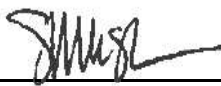
LENGTH OF TEST: 32 MINUTES

WITNESSED: YES - GARY ROBINSON W/ NMOCD

Spud Date:

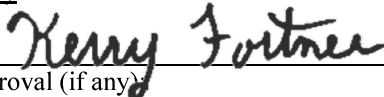
Rig Release Date:

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

SIGNATURE  TITLE REGULATORY ENGINEER DATE 01.18.2022

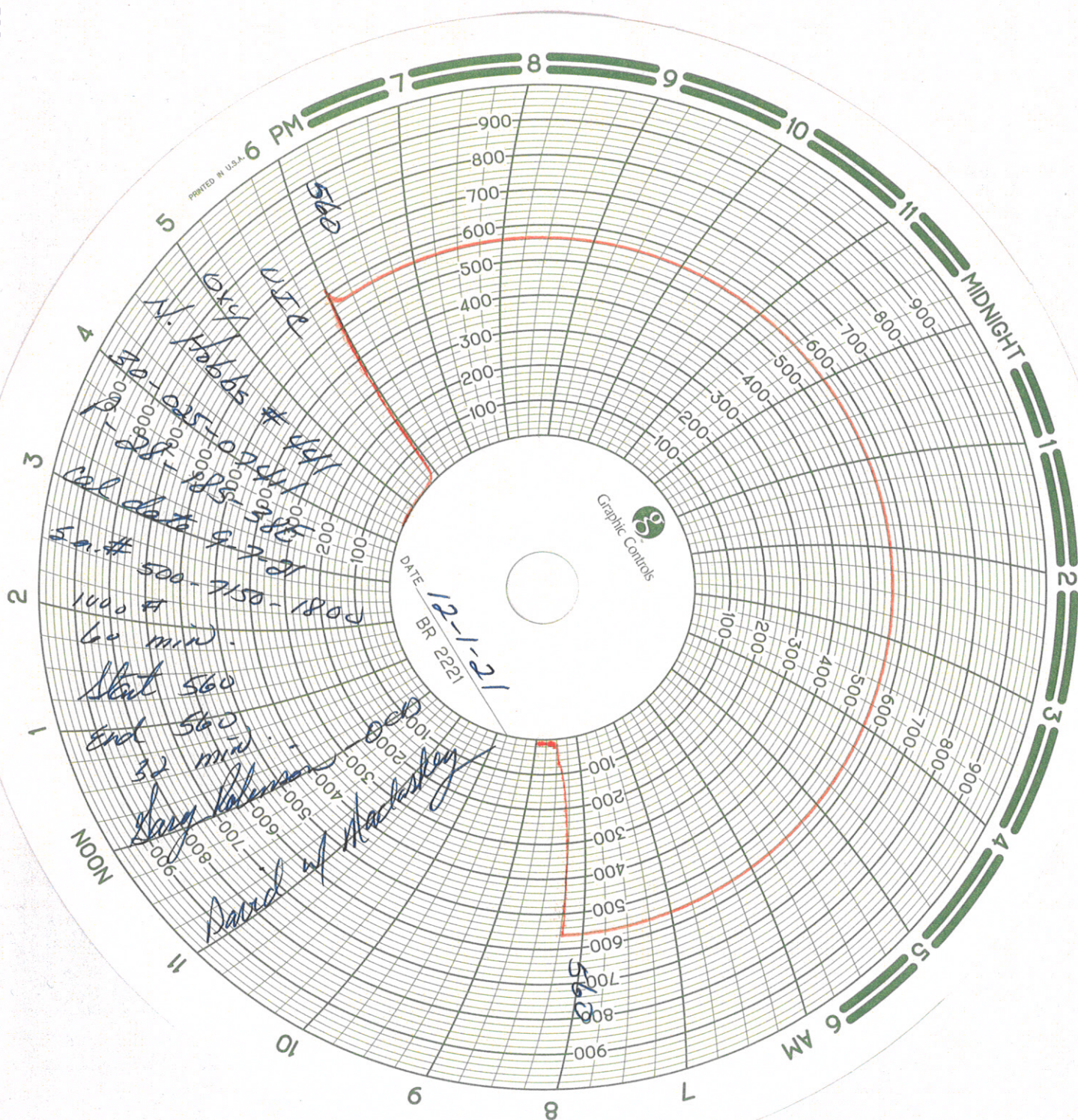
Type or print name SANDRA MUSALLAM E-mail address: sandra\_musallam@oxy.com PHONE: 713.366.5106

**For State Use Only**

APPROVED BY:  TITLE Compliance Officer A DATE 2/28/22

Conditions of Approval (if any) 575-263-6633







# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 83240  
505-395-1016

THIS IS TO CERTIFY THAT:

DATE 6-15-2021

I, Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD  
SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING  
INSTRUMENT. 1100 PRESSURE RECORDER

SERIAL NUMBER

500-7150-1800

TESTED AT THESE POINTS.

| PRESSURE <u>500</u> |            |           |
|---------------------|------------|-----------|
| TEST                | AS FOUND   | CORRECTED |
| <u>0</u>            | <u>110</u> | <u>✓</u>  |
| <u>100</u>          | <u>200</u> | <u>✓</u>  |
| <u>200</u>          | <u>300</u> | <u>✓</u>  |
| <u>300</u>          | <u>400</u> | <u>✓</u>  |
| <u>400</u>          | <u>500</u> | <u>✓</u>  |

| PRESSURE <u>1000</u> |             |          |
|----------------------|-------------|----------|
| TEST                 | AS FOUND    | CORRECT  |
| <u>500</u>           | <u>600</u>  | <u>✓</u> |
| <u>600</u>           | <u>700</u>  | <u>✓</u> |
| <u>700</u>           | <u>800</u>  | <u>✓</u> |
| <u>800</u>           | <u>900</u>  | <u>✓</u> |
| <u>900</u>           | <u>1000</u> | <u>✓</u> |

REMARKS:

SIGNED: Albert Rodriguez

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><i>Occidental Permian LTD</i> |  | API Number<br><i>30025 07411</i> |
| Property Name<br><i>North Hobbs Unit</i>       |  | Well No.<br><i>441</i>           |

1. Surface Location

|                      |                      |                        |                     |                         |                          |                         |                         |                      |
|----------------------|----------------------|------------------------|---------------------|-------------------------|--------------------------|-------------------------|-------------------------|----------------------|
| UL - Lot<br><i>P</i> | Section<br><i>28</i> | Township<br><i>18S</i> | Range<br><i>38E</i> | Feet from<br><i>330</i> | N/S Line<br><i>SOUTH</i> | Feet From<br><i>660</i> | E/W Line<br><i>EAST</i> | County<br><i>Lea</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|--------------------------|-------------------------|-------------------------|----------------------|

Well Status

|                  |                                     |                                      |               |                                      |                 |     |                 |                        |
|------------------|-------------------------------------|--------------------------------------|---------------|--------------------------------------|-----------------|-----|-----------------|------------------------|
| TA'D WELL<br>YES | <input checked="" type="radio"/> NO | <input checked="" type="radio"/> YES | SHUT-IN<br>NO | <input checked="" type="radio"/> INJ | INJECTOR<br>SWD | OIL | PRODUCER<br>GAS | DATE<br><i>12-1-21</i> |
|------------------|-------------------------------------|--------------------------------------|---------------|--------------------------------------|-----------------|-----|-----------------|------------------------|

OBSERVED DATA

|                      | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing     |
|----------------------|------------|--------------|--------------|-------------|---------------|
| Pressure             | <i>0</i>   | <i>5</i>     |              | <i>0</i>    | <i>5.1</i>    |
| Flow Characteristics |            |              |              |             |               |
| Puff                 | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | CO2           |
| Steady Flow          | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | WTR           |
| Surges               | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | GAS           |
| Down to nothing      | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Type of Fluid |
| Gas or Oil           | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | Injected for  |
| Water                | <i>Y/N</i> | <i>Y/N</i>   | <i>Y/N</i>   | <i>Y/N</i>  | 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.

*UIC Int. csg. a lot of pres. Just in will get trk to blow down later.*  
*MIT/BAT OXY - got trk + blow well down*  
*BAT - ok*

|                                         |                     |                           |
|-----------------------------------------|---------------------|---------------------------|
| Signature: <i>Sandra Musallam</i>       |                     | OIL CONSERVATION DIVISION |
| Printed name: Sandra Musallam           |                     | Entered into RBDMS        |
| Title: Regulatory Engineer              |                     | Re-test                   |
| E-mail Address: Sandra_Musallam@oxy.com |                     |                           |
| Date: 01/18/2022                        | Phone: 713-366-5106 |                           |
| Witness: <i>Shay Robinson</i>           |                     |                           |

INSTRUCTIONS ON BACK OF THIS FORM

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS  
  
Action 73319

CONDITIONS

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>157984                                     |
|                                                                               | Action Number:<br>73319                              |
|                                                                               | Action Type:<br>[C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 2/28/2022      |