

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

Form C-103
 Revised July 18, 2013

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.)		WELL API NO. 30-025-05484
1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☐ FEE ☐
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA) Unit
4. Well Location Unit Letter <u>L</u> : <u>2310</u> feet from the <u>SOUTH</u> line and <u>1315</u> feet from the <u>WEST</u> line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM County		8. Well Number <u>131</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>157984</u>
10. Pool name or Wildcat Hobbs (G/SA)		

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 <u>TA extensions</u>	<u>dr</u>

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 8/4/2020
 PRESSURE READING START 580PSI ENDING 575 PSI
 LENGTH OF TEST 60 MINUTES WITNESSED NO

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 8/28/24
 Well needs to be **PLUGGED OR RETURNED**
 to **PRODUCTION**
 BY THE DATE STATED ABOVE: X 7

Spud Date:

Rig Release Date:

12/16/2020 - PM NMOCD

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

SIGNATURE [Signature] TITLE Admin. Associate DATE 10-7-20

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 12/16/20

Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

Operation Name <i>Oxy Permian</i>	API Number <i>30-025-05484</i>
Property Name <i>North Hobbs Unit</i>	Well No <i>24-131</i>

1 Surface Location

U1 - Loc <i>L</i>	Section <i>24</i>	Township <i>1B5</i>	Range <i>37E</i>	Feet from	NS Line	Feet from	E/V Line	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJECTOR ☒ INJ ☐ SWD	PRODUCER ☐ OIL ☐ GAS	DATE <i>8-28-20</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>B</i>			<i>C</i>	
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 WTR GAS Type of fluid subjected for W. analysis & copies
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Serial # *Pate*

Calibration date *8-4-2020*

Start 580 psi End 575 psi Well is now TA'D

Signature <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name	Entered into RBDMS
Title	Re-test
E-mail Address	
Date	
Phone	
Witness	

INSTRUCTIONS ON BACK OF THIS FORM

