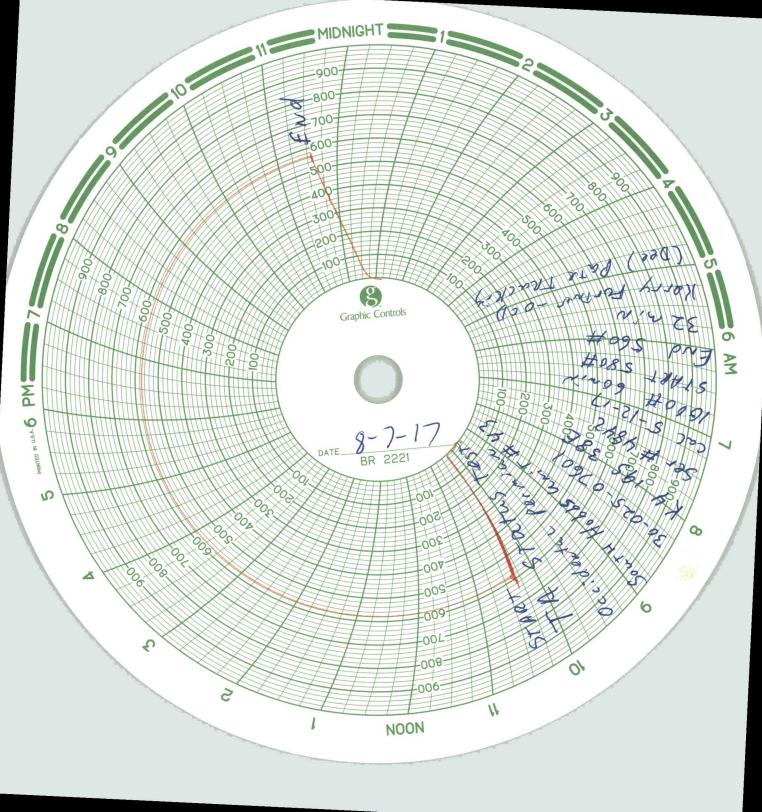
| Submit 1 Copy To Appropriate District<br>Office  | State of Ne   | w Mex       | xico                | Form C-103   |  |  |  |  |  |  |
|--|---|-------------|---------------------|--|--|--|--|--|--|--|
| <u>District I</u> – (575) 393-6161   | Energy, Minerals and  |             |                     | Revised July 18, 2013 WELL API NO.   |  |  |  |  |  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283   | CONSERVA  | TION        | DIVICION            | 30-025-07601   |  |  |  |  |  |  |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178   | 1220 South St   | HON<br>Fron | ois Dr              | 5. Indicate Type of Lease  |  |  |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St   | D. 4. 07    | 505                 | STATE X FEE  |  |  |  |  |  |  |
| District IV – (505) 476-3460<br>1220 S. St. Francis Dr., Santa F. NM<br>87505  | 6. State Oil & Gas Lease No.  |             |                     |  |  |  |  |  |  |  |
| SUNDRY NOTICE  | ES AND REPORTS ON W   | VELLS       | I D L CV TO L       | 7. Lease Name or Unit Agreement Name   |  |  |  |  |  |  |
| (DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOIR. USE "APPLICATION OF PROPOSALS.)  | South Hobbs (G/SA) Unit   |             |                     |  |  |  |  |  |  |  |
| 1. Type of Well: Oil Well G  | 8. Well Number 43   |             |                     |  |  |  |  |  |  |  |
| Name of Operator     Occidental Permian, Ltd   | 9. OGRID Number 157984  |             |                     |  |  |  |  |  |  |  |
| 3. Address of Operator   | 10. Pool name or Wildcat  |             |                     |  |  |  |  |  |  |  |
| HCR 1 Box 90 Denver City,  | Hobbs (G/SA)  |             |                     |  |  |  |  |  |  |  |
| 4. Well Location Unit Letter K:  | 2310 feet from the  | South       | line and            | 1650 feet from the West line   |  |  |  |  |  |  |
| Section 4  | Township 19-  |             |                     | NMPM Lea County  |  |  |  |  |  |  |
|  | 11. Elevation (Show wheth 3610' DF                                  |             |                     |  |  |  |  |  |  |  |
| The Control of the Co |   |             |                     | Access to the second se |  |  |  |  |  |  |
| 12. Check Ap   | propriate Box to Indic  | ate Na      | ature of Notice,    | Report or Other Data   |  |  |  |  |  |  |
| NOTICE OF INT  | ENTION TO: PLUG AND ABANDON   | _           | SUE<br>REMEDIAL WOR | SEQUENT REPORT OF:   |  |  |  |  |  |  |
|  | <u> </u>  |             |                     |  |  |  |  |  |  |  |
| The state of the s | R ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   OLE COMMINGLE |             |                     |  |  |  |  |  |  |  |
|  |   | _           |                     |  |  |  |  |  |  |  |
|  | -   | _           | OTHER Cook          | as Integrity Test  |  |  |  |  |  |  |
| OTHER:  13 Describe proposed or complet  | ed operations (Clearly sta  | ate all p   |                     |  |  |  |  |  |  |  |
| of starting any proposed work  | ). SEE RULE 19.15.7.14  | NMAC        | . For Multiple Co   | empletions: Attach wellbore diagram of   |  |  |  |  |  |  |
| proposed completion or recon   | pletion.  |             |                     |  |  |  |  |  |  |  |
| Date of test: 08/07/20   |   | 500 D       | 201                 |  |  |  |  |  |  |  |
| Length of test: 32 min   | tial - 580 PSI Ending -   | - 560 P     | <b>751</b>          |  |  |  |  |  |  |  |
| Witnessed: Yes - Kerr  |   |             |                     | Pm   |  |  |  |  |  |  |
|  |   |             |                     |  |  |  |  |  |  |  |
|  | This Approva  | d of le     | emporary            | 1/2019   |  |  |  |  |  |  |
| This Approval of Temporary 8/7/2019 Abandonment Expires 8/7/2019   |   |             |                     |  |  |  |  |  |  |  |
|  |   |             |                     |  |  |  |  |  |  |  |
|  |   |             |                     |  |  |  |  |  |  |  |
|  |   |             |                     |  |  |  |  |  |  |  |
| Spud Date:   | Rig Rele  | ase Dat     | te:                 |  |  |  |  |  |  |  |
|  |   |             |                     |  |  |  |  |  |  |  |
|  |   | 41 - 1 -    | -t - C 1 - 1 - 1    |  |  |  |  |  |  |  |
| I hereby certify that the information ab   | ove is true and complete to   | o the be    | st of my knowledg   | ge and belief.   |  |  |  |  |  |  |
| SIGNATURE LUCLY  | TITLE   | Admin       | . Associate         | DATE 08/24/2017  |  |  |  |  |  |  |
| Type or print name Mendy A. John   | son E-mail a  | address:    | mendy_johnse        | on@oxy.com PHONE: 806-592-6280   |  |  |  |  |  |  |
| For State Use Only   | R   |             | 1-1-                | 21.1   |  |  |  |  |  |  |
| APPROVED BY: Y Conditions of Approval (if any):  | L MOWN PATLE  |             | 40/IL               | DATE 4/6/2017  |  |  |  |  |  |  |
| U  | - 0   | ,           | 1114                |  |  |  |  |  |  |  |
|  | KRDW?   | 5-1         | CHART-              | V  |  |  |  |  |  |  |



<u>District I</u> 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 OCCIDENTAL PERMIAN, LTD

<sup>3</sup> API Number 30-025-07601

| Property Name<br>SOUTH HOBBS (G/SA) UNIT |                             |               |                  |                        |                 |                |                           | V              | Well No.     |           |
|--|-----------------------------|---------------|------------------|------------------------|-----------------|----------------|---------------------------|----------------|--------------|-----------|
|  |                             |               |                  |                        | 7. Surface Loca | tion           |                           |                |              |           |
| UL - Lot                                 | Section                     | Township      | Range            |                        | Feet from       | N/S            |                           | Feet From      | E/W Line     | County    |
| K  | 4                           | 19-S          | 38-E             |                        | Well Statu      | SOL            | ЛН                        | 1650           | WEST         | LEA       |
|  |                             |               |                  |                        |                 |                |                           |                |              |           |
| Well Status SHU                          |                             | SHUT-IN<br>TA | PRODUCING        |                        | G               | 8-DAT          |                           |                |              |           |
|  | OPE                         | N BRADENI     | HEAD AND IN      | TERMED                 | IATE TO ATMOSPH | IERE INDIV     | IDUALI                    | Y FOR 15 MINUT | ES EACH      |           |
|  |                             |               |                  |                        | OBSERVED D      | ATA            |                           |                |              |           |
| If bradenhead                            | l flowed wa                 |               | of the descripti |                        |                 |                |                           |                |              |           |
| D  |                             | (A)Su         | rf-Interm        | (B)Interm(1)-Interm(2) |                 | (C)Interm-Prod |                           | (D)Pro         | d Csng       | (E)Tubing |
|  | Pressure                    |               |                  |                        |                 |                |                           | 0              | TA           |           |
| Flow Charac                              |                             |               |                  |                        |                 |                |                           |                |              |           |
| Puff                                     |                             | 0             | / N              | Y / N                  |                 |                | Y / N                     |                | Ø/N          |           |
| Steady I                                 |                             |               | Y / 🕅            | Y/N                    |                 |                | Y/N                       |                | Y/N          |           |
| Surge<br>Down to n                       |                             |               | Y / (V)          | Y / N                  |                 |                | Y / N                     |                | Y / N        | _         |
|  | Down to nothing  Gas or Oil |               | Y/Ø              | Y / N<br>Y / N         |                 |                | Y / N<br>Y / N            |                | Y/O          | 4         |
|  |                             | Y/W           | Y/N              |                        |                 | Y/N            |                           | Y/N            | -            |           |
| CLEAR Remarks:                           |                             | FRE           | 511              |                        | SALTY           | INJECT         | TING AT                   |                | BLACK WTR,GA | S,CO2     |
| Signature:                               | Λο                          |               | 0                |                        |                 |                |                           |                |              |           |
| Signature: Mendy Show AUG 2 4 2017       |                             |               |                  |                        |                 |                | OIL CONSERVATION DIVISION |                |              |           |
| Printed name: MENDY JOHNSON              |                             |               |                  |                        |                 |                | Entered into RBDMS        |                |              |           |
| Title: ADMINISTRATIVE ASSOCIATE          |                             |               |                  |                        |                 |                | Re-test                   |                |              |           |
|  |                             | johnson@ox    | 1                |                        |                 |                | $\dashv$                  |                |              |           |
| Date: 8-                                 |                             |               |                  |                        |                 |                |                           |                |              |           |
|  |                             |               | Witness:         | erry                   | FOITHE -        | o c D          |                           |                |              |           |
|  |                             |               |                  | 39                     | 9-3221          |                |                           |                |              |           |