

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1289
811 S. First St., Artesia, NM 88210
District III - (505) 344-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3466
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. 30-025-29521 |
| 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 Unit (G/SA) |
| 8. Well Number 208 |
| 9. OGRID Number 157984 |
| 10. Pool name or Wildcat Hobbs (G/SA) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3629' KB |

| | |
|--|--|
| 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector | |
| 2. Name of Operator Occidental Permian, Ltd | |
| 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 | |
| 4. Well Location Unit Letter <u>N</u> : <u>931</u> feet from the <u>South</u> line and <u>2263</u> feet from the <u>West</u> line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM County <u>Lea</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3629' KB | |

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"/> | 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: Casing integrity test <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.

Date of test: 04/26/2018
Pressure readings: Initial - 600 PSI Ending - 600 PSI
Length of test: 32 minutes
Witnessed: Yes - Gary Robinson - OCD

Spud Date:

Rig Release Date:

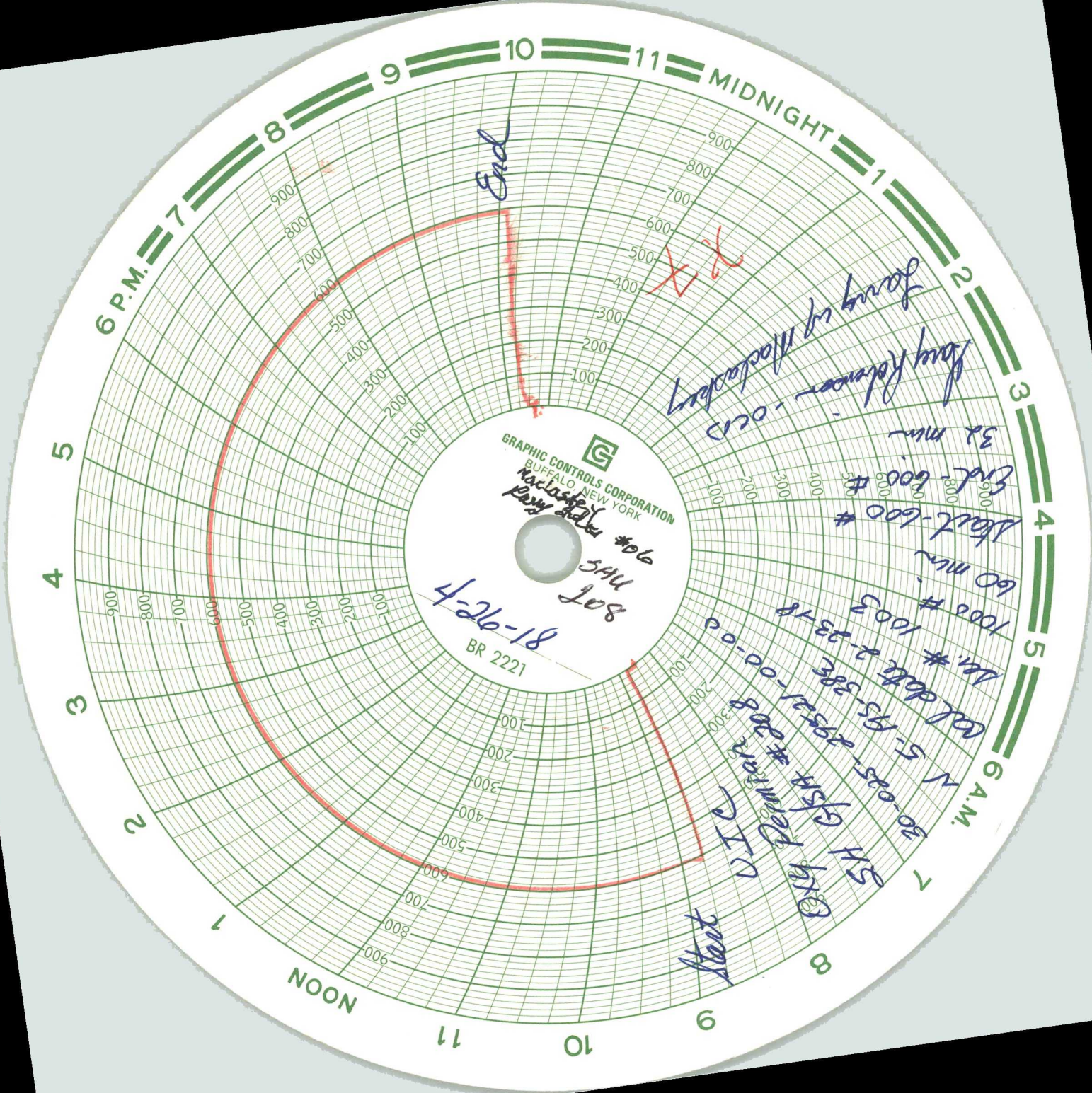
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mendy A. Johnson TITLE Admin. Associate DATE 05/03/2018

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

For State Use Only

APPROVED BY: Kenny Fortner TITLE Compliance Officer DATE 5-15-18
Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

| | |
|--|----------------------------|
| Operator Name OCCIDENTAL PERMIAN, LTD | API Number 30-025-29521 |
| Property Name SOUTH HOBBS (G/SA) UNIT | Well No. 208 |

7. Surface Location

| | | | | | | | | |
|---------------|--------------|------------------|---------------|------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot N | Section 5 | Township 19-S | Range 38-E | Feet from 931 | N/S Line SOUTH | Feet From 2263 | E/W Line WEST | County LEA |
|---------------|--------------|------------------|---------------|------------------|-------------------|-------------------|------------------|---------------|

Well Status

| | | | |
|------------------------------|----------------------|--------------------------|------------------------|
| Well Status ACTIVE | SHUT-IN No | PRODUCING INTJ | DATE 4-26-18 |
|------------------------------|----------------------|--------------------------|------------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

| | (A)Surf-Interm | (B)Interm(1)-Interm(2) | (C)Interm-Prod | (D)Prod Csg | (E)Tubing |
|----------------------|----------------|------------------------|----------------|-------------|-----------|
| Pressure | 0 | N/A | N/A | 0 | No Change |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | |
| Surges | Y / N | Y / N | Y / N | Y / N | |
| Down to nothing | Y / N | Y / N | Y / N | Y / N | |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | |
| Water | Y / N | Y / N | Y / N | Y / N | |

If bradenhead flowed water, check all of the descriptions that apply:

| | | | | |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

Remarks:

INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

Well shut in control tank level

| | |
|---------------------------------------|---------------------------|
| Signature: <i>Mendy Johnson</i> | OIL CONSERVATION DIVISION |
| Printed name: MENDY JOHNSON | Entered into RBDMS |
| Title: ADMINISTRATIVE ASSOCIATE | Re-test <i>X7</i> |
| E-mail Address: mendy_johnson@oxy.com | |
| Date: <i>5/3/18</i> | |
| Phone: 806-592-6280 | |
| Witness: <i>Gary Robinson</i> | |

MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, NM 88240

505-395-1016

THIS IS TO CERTIFY THAT:

DATE 2-23-18

I, Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT. 1000 PRESSURE RECORDER

SERIAL NUMBER

1003

TESTED AT THESE POINTS.

| PRESSURE <u>500</u> | | |
|---------------------|------------|-----------|
| TEST | AS FOUND | CORRECTED |
| <u>0</u> | <u>110</u> | <u>✓</u> |
| <u>110</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