

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) 674-6140  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OGD**

**JUN 11 2018**

**RECEIVED**

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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"/>		WELL API NO. 30-025-28333
2. Name of Operator Occidental Permian, Ltd		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>M</u> : <u>100</u> feet from the <u>South</u> line and <u>900</u> feet from the <u>West</u> line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3618' GL		8. Well Number <u>129</u>
		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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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 <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: 05/21/2018  
 Pressure readings: Inital - 600 PSI Ending - 580 PSI  
 Length of test: 32 minutes  
 Witnessed: Yes - Gary Robinson - ODC

Spud Date:

Rig Release Date:

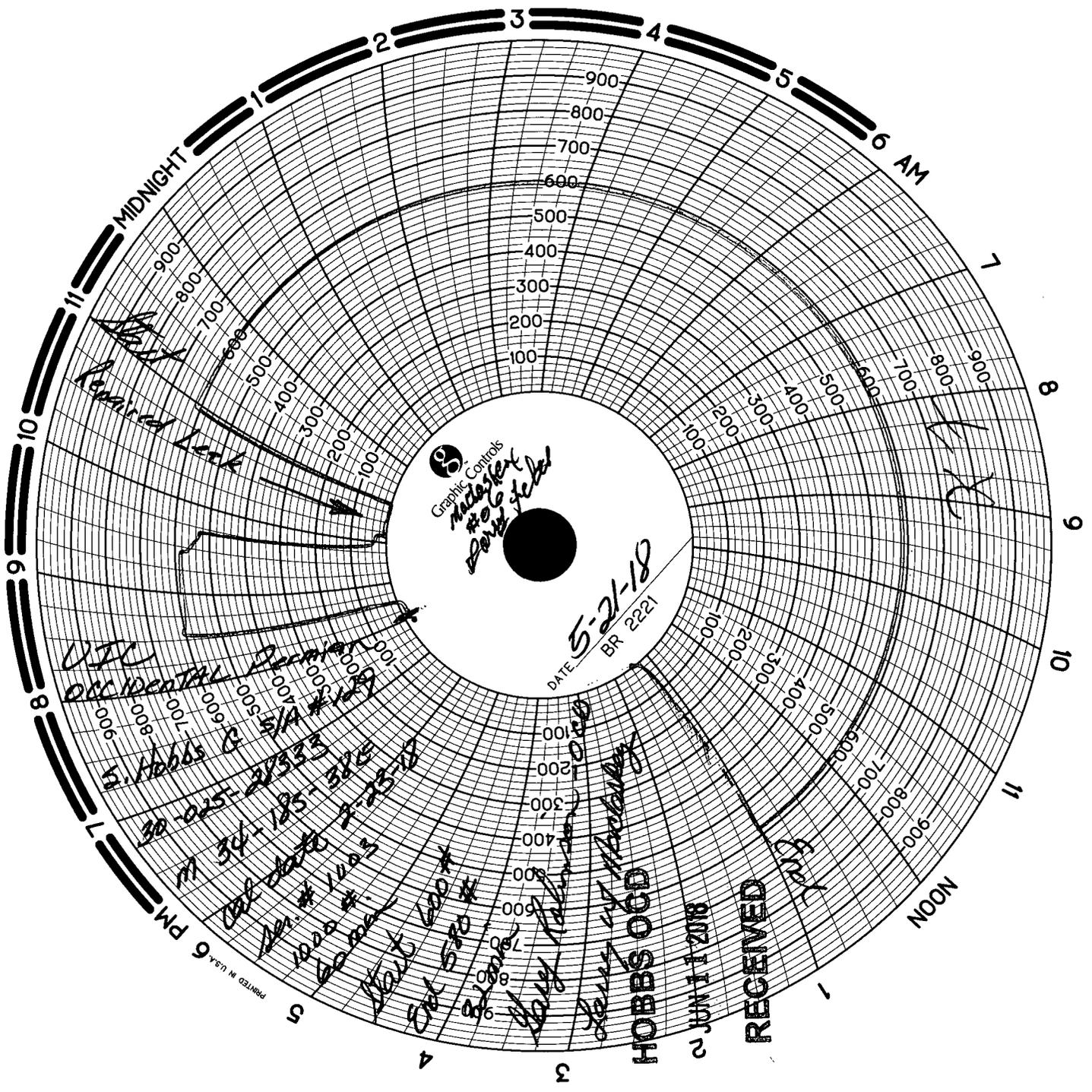
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mendy Johnson TITLE Admin. Associate DATE 06/06/2018

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

**For State Use Only**

APPROVED BY: Kerry Foote TITLE Compliance Officer A DATE 6-15-18  
 Conditions of Approval (if any):



Graphic Controls  
 Manager  
 #060  
 Dave J. J.

DATE 5-21-18  
 BR 2221

VFC  
 OCCIDENTAL Receiver

S. Hobbs G  
 30-025-27333  
 34-185-32E  
 Call date 7-23-18  
 1000 # 1203  
 6000 #

Volt 600V  
 Cal 550 #  
 2000 #

1000 #  
 2000 #  
 3000 #  
 4000 #  
 5000 #  
 6000 #  
 7000 #  
 8000 #  
 9000 #

HOBBS OGD

JUN 11 2018

RECEIVED

FMG

1000  
 800  
 600  
 400  
 200  
 100  
 0

1000  
 800  
 600  
 400  
 200  
 100  
 0

PRINTED IN U.S.A.

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

HOBBS OCD

JUN 11 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-28333
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 129

7. Surface Location

UL - Lot M	Section 34	Township 18-S	Range 38-E	Feet from 100	N/S Line SOUTH	Feet From 900	E/W Line WEST	County LEA
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Well Status

Well Status <i>ACTIVE</i>	SHUT-IN <i>NO</i>	PRODUCING <i>INT</i>	DATE <i>5-21-18</i>
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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 Csgng	(E)Tubing
Pressure	0	N/A	N/A	0	0
Flow Characteristics					NO Gauge
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
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Remarks: INJECTING AT THIS TIME \_\_\_ WTR, \_\_\_ GAS, \_\_\_ CO2

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test <i>RJ</i>
E-mail Address: mendy_johnson@oxv.com	
Date: <i>6/6/2018</i>	Phone: 806-592-6280
Witness: <i>Gary Robinson</i>	

# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240  
505-395-1016

THIS IS TO CERTIFY THAT:

DATE: 2-23-18

I, Albert Rodriguez METER TECHNICAN 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:

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SIGNED: Albert Rodriguez