

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1288
 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

HOBBS OCD
RECEIVED
JUN 11 2018

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

WELL API NO. 30-025-29757
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 219
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3646' KB

SUNNY OFFICES 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 Gas Well Other

2. Name of Operator
Occidental Permian, Ltd

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4. Well Location
Unit Letter D : 657 feet from the North line and 787 feet from the West line
Section 3 Township 19-S Range 38-E NMPM Lea County

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: 05/22/2018
 Pressure readings: Initial - 600 PSI Ending - 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 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 Fortner TITLE Compliance Officer A DATE 6-15-18
 Conditions of Approval (if any):

JUN 11 2018

RECEIVED

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 30-025-29757
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 219

Surface Location

UL - Lot D	Section 3	Township 19-S	Range 38-E	Feet from 657	N/S Line NORTH	Feet From 787	E/W Line WEST	County LEA
---------------	--------------	------------------	---------------	------------------	-------------------	------------------	------------------	---------------

Well Status

Well Status ACTIVE	SHUT-IN NO	PRODUCING INS	DATE 5-22-18	<i>Water flowed this</i>
------------------------------	----------------------	-------------------------	------------------------	--------------------------

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	150	N/A
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	Y/N
Steady Flow	Y/N	Y/N	Y/N	Y/N	Y/N
Surges	Y/N	Y/N	Y/N	Y/N	Y/N
Down to nothing	Y/N	Y/N	Y/N	Y/N	Y/N
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Y/N
Water	Y/N	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
 Prod. csg. blew to trk and to zero
 in 45 sec.

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test <i>27</i>
E-mail Address: mendy_johnson@oxy.com	
Date: <i>6/6/2018</i>	
Phone: 806-592-6280	
Witness: <i>Gary Johnson</i>	

MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240
565-395-1016

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>			PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECTED	TEST	AS FOUND	CORRECT
<u>0</u>	<u>110</u>	<u>✓</u>	<u>500</u>	<u>600</u>	<u>✓</u>
<u>110</u>	<u>200</u>	<u>✓</u>	<u>600</u>	<u>700</u>	<u>✓</u>
<u>200</u>	<u>300</u>	<u>✓</u>	<u>700</u>	<u>800</u>	<u>✓</u>
<u>300</u>	<u>400</u>	<u>✓</u>	<u>800</u>	<u>900</u>	<u>✓</u>
<u>400</u>	<u>500</u>	<u>✓</u>	<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS:

SIGNED: Albert Rodriguez