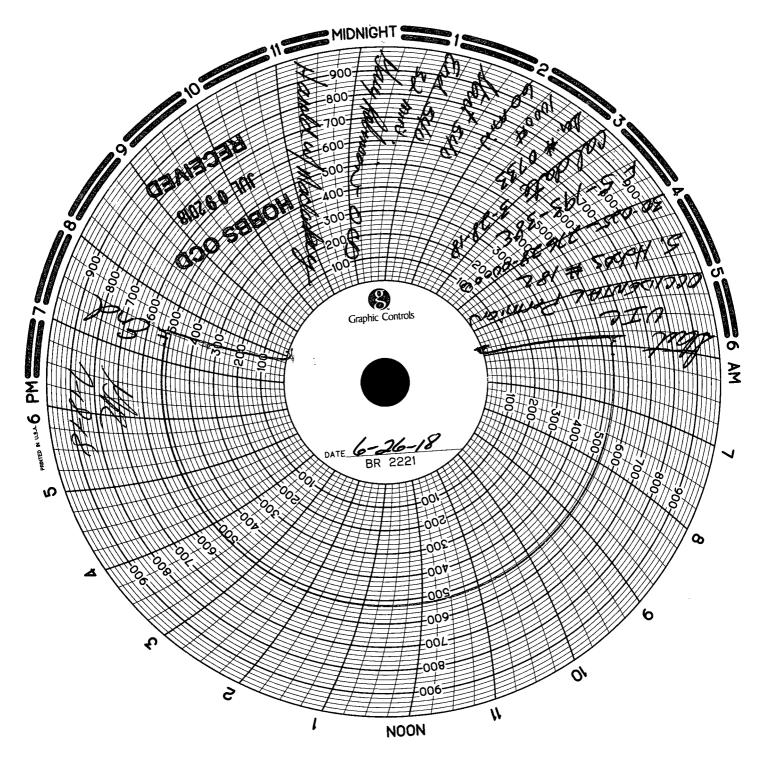
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12.20 South St. Francis Dr. STATE FEE FEE R.	District II - (573)-748-1283	OIL CONSERVATION DIVISION	30-025-27628					
Demicity - (35) 476-3460	District III - (505) 334-61731							
SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "ATPLICATION FOR PREMIT CHANN C-101) FOR SUCH 1. Type of Velt: Oil Well	<u>District IV</u> – (505) 476-3460	7 – (505) 476-3460 Santa Fe, NIVI 87303						
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ROPOSALS 1. Type of Well: Oil Well			7. Lease Name or Unit Agreement Name					
1. Type of Well: Oil Well Gas Well Other Injector S. Well Number 182								
Occidential Permian, Ltd 3. Address of Operator HOR 1 Box 90 Denver City, TX 79323 4. Well Location Unit Letter F : 1785 feet from the North line and 1810 feet from the West line Section 5 Township 19-8 Range 38-E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE ORILLING OPNS P AND A PULL OR ALTER CASING MULTIPLE COMPL COMMENCE ORILLING OPNS P AND A DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: Casing integrity test 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed ownty). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Date of test: 06/26/2018 Pressure readings: -Initial - 540 PSI Ending - 540 PSI Length of test: 32 minutes Witnessed: Yes - Gary Robinson - OCD Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURAL COMMENCE DATE OF/06/2018 Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280 PAPROVED BY: May May a Comment of the Completion o	1. Type of Well: Oil Well Gas We	II Other Injector	102					
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Well Location	-		10. Pool name or Wildcat					
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Conditions of Approval (if any):	Pressure readings: - Initial - Length of test: 32 minutes Witnessed: Yes - Gary Robin Spud Date: I hereby certify that the information above is SIGNALURE Mendy A. Johnson	Rig Release Date: true and complete to the best of my knowledg	DATE 07/06/2018 on@oxy.com PHONE: 806-592-6280					

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

HOBBS OCD
JUL 0 9 2018
RECEIVED

BRADENHEAD TEST REPORT

OCCIDENTAL PERMIAN, LTD Property Name SOUTH HOBBS (G/SA) UNIT					30-025-27628 L					
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				V	Vell Status	1	•			
Well	Well Status April Shut-in Flood PRODUCING DATE 6-26-18				U					
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Printed name: MENDY JOHNSON					Entered into RBDMS					
Title: ADMINISTRATIVE ASSOCIATE					Re-test					
E-mail Addre	ss: mendy	johnson@ox	v.com		·				<i>W</i>	W
Date:	10 18	3	Phone: 806-5	592-6280	, ,				Je	<i>j</i> '
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MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY, HOBBS, N.M. 88240 505-393-1016

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SIGNED: Flolit Rodey