

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) 334-6178
1000 Rio Brazos Rd., 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

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

HOBBS OCD
SEP 12 2018
RECEIVED

| |
|---|
| WELL API NO. 30-025-07678 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. <i>[Handwritten mark]</i> |
| 7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit |
| 8. Well Number 76 |
| 9. OGRID Number 157984 |
| 10. Pool name or Wildcat Hobbs (G/SA) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3607' KB |

SUNDRY NOTES 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 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 E : 1980 feet from the North line and 660 feet from the West line
Section 10 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: 08/21/2018
Pressure readings: Initial - 585 PSI Ending - 580 PSI
Length of test: 32 minutes
Witnessed: Yes - Kerry Fortner - NMOCD

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 09/10/2018

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

For State Use Only
APPROVED BY: Mafey Brown TITLE AO/I DATE 9/18/2018
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 30-025-07678 |
| Property Name SOUTH HOBBS (G/SA) UNIT | Well No. 76 |

7. Surface Location

| | | | | | | | | |
|---------------|---------------|------------------|---------------|-------------------|-------------------|------------------|------------------|---------------|
| UL - Lot E | Section 10 | Township 19-S | Range 38-E | Feet from 1980 | N/S Line NORTH | Feet From 660 | E/W Line WEST | County LEA |
|---------------|---------------|------------------|---------------|-------------------|-------------------|------------------|------------------|---------------|

Well Status

| | | | | |
|-------------------------|---------------------|--------------------------|------------------------|-------------------------------|
| Well Status A | SHUT-IN N | PRODUCING ± NS | DATE 8-21-18 | <i>Active Water Flood Inj</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 Csng | (E)Tubing |
|-----------------------------|----------------|------------------------|----------------|--------------|-----------|
| Pressure | | | | | 982 |
| <u>Flow Characteristics</u> | | | | | |
| 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

*Annual UIC
 Ser # 0783
 Cal 3-28-18
 MacLasky*

| | |
|---|---------------------------|
| Signature: <i>Mendy Johnson 9/10/18</i> | OIL CONSERVATION DIVISION |
| Printed name: MENDY JOHNSON | Entered into RBDMS |
| Title: ADMINISTRATIVE ASSOCIATE | Re-test |
| E-mail Address: mendy_johnson@oxy.com | |
| Date: 8-21-18 | Phone: 806-592-6280 |
| Witness: <i>Kerry Fortner - OGD</i> | |

399-3221

MACCLASKY

OUTFIELD SERVICES

5900 WEST JOYNTON HWY. HOBBOKEN NJ 08240

505-595-1016

THIS IS TO CERTIFY THAT

DATE 2-23-18

Robert Kusner METER TECHNICIAN FOR MACCLASKY OUTFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING

INSTRUMENT 1000 PRESSURE PPOUNDER

SERIAL NUMBER 1003

TESTED AT THESE POINTS

PRESSURE 500

TEST AS FOUND CORRECTED

0

110

300

400

500

PRESSURE 1000

TEST AS FOUND CORRECT

500

600

900

500

800

900

REMARKS:

SIGNED

Robert Kusner