

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) 334-6174  
1000 Rio Brazos Rd., Artesia, NM 87400  
District IV - (505) 453-2460  
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

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SEP 17 2018  
RECEIVED

WELL API NO. 30-025-27059
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 North Hobbs (G/SA) Unit
8. Well Number 422
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3662' 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  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 H : 1520 feet from the North line and 1300 feet from the East line  
Section 30 Township 18-S Range 38-E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: 08/20/2018  
Pressure readings: Initial - 555 PSI Ending - 540 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: Mary Brown TITLE AO/± 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 30-025-27059
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 422

7. Surface Location

UL - Lot H	Section 30	Township 18-S	Range 38-E	Feet from 1520	N/S Line NORTH	Feet From 1300	E/W Line EAST	County LEA
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Well Status

Well Status <b>A</b>	SHUT-IN <b>N</b>	PRODUCING <b>I N J</b>	DATE <b>8-20-18</b>	Notes <b>Wog Inj report</b>
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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 Csg	(E)Tubing
Pressure	0	—	/	212	1081
<b>Flow Characteristics</b>					
Puff	Y / <b>0</b>	Y / N	Y / N	<b>0</b> / N	
Steady Flow	Y / <b>0</b>	Y / N	Y / N	Y / <b>0</b>	
Surges	Y / <b>0</b>	Y / N	Y / N	Y / <b>0</b>	
Down to nothing	<b>0</b> / N	Y / N	Y / N	<b>0</b> / N	
Gas or Oil	Y / <b>0</b>	Y / N	Y / N	Y / <b>0</b>	
Water	Y / <b>0</b>	Y / N	Y / N	Y / <b>0</b>	

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
<p><b>MIT - Annual Test</b>  <b>(Sr) MacLuskey</b>  <b>ser # 0783</b>  <b>cal 3/28/18</b></p>	

Signature: <b>Mendy Johnson 9/10/18</b>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: <a href="mailto:mendy_johnson@oxv.com">mendy_johnson@oxv.com</a>	
Date: <b>8-20-18</b>	Phone: 806-592-6280
Witness: <b>Kerry Fortner - OED</b>	

399-3221