

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88248
District II - (575) 748-1283
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

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

WELL API NO. 30-025-29522
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 South Hobbs (G/SA) Unit
8. Well Number 209
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3609' GL

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 D : 265 feet from the North line and 1090 feet from the West line
Section 8 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: <u>Casing integrity test</u> <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: 10/17/2018
Pressure readings: Initial - 600 PSI Ending - 600 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 10/23/2018

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

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 11/16/18
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 30-025-29522
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 209

2. Surface Location

UL - Lot D	Section 8	Township 19-S	Range 38-E	Feet from 265	N/S Line NORTH	Feet From 1090	E/W Line WEST	County LEA
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Well Status

Well Status	SHUT-IN X N	PRODUCING INS	DATE 10-17-18	Swing Injector
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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	—	—	0	No gauge
Flow Characteristics					
Puff	f/N	Y/N	Y/N	0/N	
Steady Flow	Y/0	Y/N	Y/N	Y/0	
Surges	Y/0	Y/N	Y/N	Y/0	
Down to nothing	0/N	Y/N	Y/N	0/N	
Gas or Oil	Y/0	Y/N	Y/N	Y/0	
Water	Y/0	Y/N	Y/N	Y/0	

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

MIT/BHT
 (JA) MacLasky
 ser# 0733
 cal 9/25/18

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test <i>jmj</i>
E-mail Address: mendy_johnson@oxy.com	
Date: 10/23/18	Phone: 806-592-6280
Witness: Kerry Fortner - OCO	

399-3221

MACLASKEY OILFIELD SERVICES

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

THIS IS TO CERTIFY THAT:

DATE 9-25-18

I, Albert Padilla METER TECHNICIAN FOR MACLASKEY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT. 100 PRESSURE RECORDER.

SERIAL NUMBER

95001

TESTED AT THESE POINTS.

PRESSURE - <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>100</u>	<u>✓</u>
<u>100</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: _____

SIGNED: Albert Padilla