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| Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | Form C-105 Revised August 1, 2011 1. WELL API NO. 30-025-28358 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No. |
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) | 5. Lease Name or Unit Agreement Name South Hobbs G/SA Unit 6. Well Number: <div style="font-size: 1.5em; font-weight: bold;">156 155</div> |
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7. Type of Completion:
 NEW WELL WORKOVER DEEPENING PLUGBACK DIFFERENT RESERVOIR OTHER CTI

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| 8. Name of Operator Occidental Permian LTD | 9. OGRID 157984 |
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| 10. Address of Operator P.O. Box 4294 Houston, TX 77210 | 11. Pool name or Wildcat Hobbs; Grayburg - San Andres |
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| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
|-----------------|----------|----------|------------|------------|-----|---------------|----------|---------------|----------|------------|
| Surface: | B | 9 | 19S | 38E | | 1158 | N | 1568 | E | LEA |
| BH: | H | 9 | 19S | 38E | | 1310 | N | 1299 | E | LEA |

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|---------------------------------------|-----------------------|--|--|---|
| 13. Date Spudded 05/15/2018 | 14. Date T.D. Reached | 15. Date Rig Released 08/15/2018 | 16. Date Completed (Ready to Produce) 08/15/2018 | 17. Elevations (DF and RKB, RT, GR, etc.) 3616' KB |
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| 18. Total Measured Depth of Well 4332 | 19. Plug Back Measured Depth 4338 | 20. Was Directional Survey Made? No | 21. Type Electric and Other Logs Run Compensated Neutron Log |
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22. Producing Interval(s), of this completion - Top, Bottom, Name
4150 - 4320 San Andres

23. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|--------------|----------------|-------------|---------------|---------------------|---------------|
| 8 5/8 | 36 | 1580 | 12 1/4 | Cl. C 900 sx | 0 |
| 5 1/2 | 26 | 4342 | 7 7/8 | Cl. C 975 sx | 0 |

| 24. LINER RECORD | | | | 25. TUBING RECORD | | | |
|------------------|-----|--------|--------------|-------------------|--------------|--------------|--------------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
| | | | | | 2 7/8 | 4119' | |
| | | | | | 2 3/8 | 4155' | 4157' |

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| 26. Perforation record (interval, size, and number) 4150 - 4320 | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 4150 - 4320 acid job w/ 4000 gals 15% FEAS |
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28. PRODUCTION

| | | | | | | | |
|-----------------------|--|---|------------------------|-----------|--------------|--------------------------------------|-----------------|
| Date First Production | Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) | Well Status (<i>Prod. or Shut-in</i>) | | | | | |
| Date of Test | Hours Tested | Choke Size | Prod'n For Test Period | Oil - Bbl | Gas - MCF | Water - Bbl. | Gas - Oil Ratio |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (<i>Corr.</i>) | |

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| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) Produced gas is reinjected as a part of the South Hobbs Unit CO2 flood | 30. Test Witnessed By |
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31. List Attachments

32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.

33. If an on-site burial was used at the well, report the exact location of the on-site burial:

Latitude _____ Longitude _____ NAD 1927 1983

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Printed Name **April Hood** Title **Regulatory Specialist** Date **12/19/2018**

Signature **April Hood** E-mail Address **april_hood@oxy.com**