

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1223
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-1778
 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

RECEIVED
 JUN 29 2019
 NMOCD

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

| | | |
|---|--|---|
| 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.) | | WELL API NO. 30-025-07542 ✓ |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator Occidental Permian, Ltd | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 2611 State Hwy 214 Denver City, TX 79323 | | 7. Lease Name or Unit Agreement Name State Land Section 32 ✓ |
| 4. Well Location Unit Letter <u>I</u> : 1980 feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County | | 8. Well Number <u>8</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3637' GR | | 9. OGRID Number 16696 |
| | | 10. Pool name or Wildcat Bowers 7 Rivers |

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

| | | | |
|---|--|--|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: Type text here <input type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Casing integrity test/TA status extension request <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: 01/18/2019
 Pressure readings: Initial - 570 PSI Ending - 570 PSI
 Length of test: 32 minutes
 Witnessed: Yes - Gary Robinson - NMOCD

This Approval of Temporary
 Abandonment Expires 1/18/2021

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 Administrative Associate DATE 01/22/2019

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 2/4/19
 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 <i>OXY</i> | API Number <i>30-025-0742 01542</i> |
| Property Name <i>State Land Section 32</i> | Well No. <i>8</i> |

1. Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|-----------|------------|------------|-------------|----------|------------|----------|------------|
| <i>I</i> | <i>32</i> | <i>185</i> | <i>38E</i> | <i>1980</i> | <i>S</i> | <i>660</i> | <i>E</i> | <i>Lea</i> |

Well Status

| | | | | | | | | | | |
|---|----|---|----|-----|----------|-----|-----|----------|-----|----------------|
| <input checked="" type="checkbox"/> YES TA'D WELL | NO | <input checked="" type="checkbox"/> YES SHUT-IN | NO | INJ | INJECTOR | SWD | OIL | PRODUCER | GAS | DATE |
| | | | | | | | | | | <i>1/18/19</i> |

OBSERVED DATA

gmb

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|-----------------------------|------------|--------------|--------------|-------------|---|
| Pressure | <i>0</i> | <i>—</i> | <i>—</i> | <i>0</i> | |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / N | CO2 <input checked="" type="checkbox"/> |
| Steady Flow | Y / N | Y / N | Y / N | Y / N | WTR <input type="checkbox"/> |
| Surges | Y / N | Y / N | Y / N | Y / N | GAS <input type="checkbox"/> |
| Down to nothing | Y / N | Y / N | Y / N | Y / N | Type of Fluid |
| Gas or Oil | Y / N | Y / N | Y / N | Y / N | Injected for |
| Water | Y / N | Y / N | Y / N | Y / N | Waterflood if |
| | | | | | applies. |

gmb

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Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

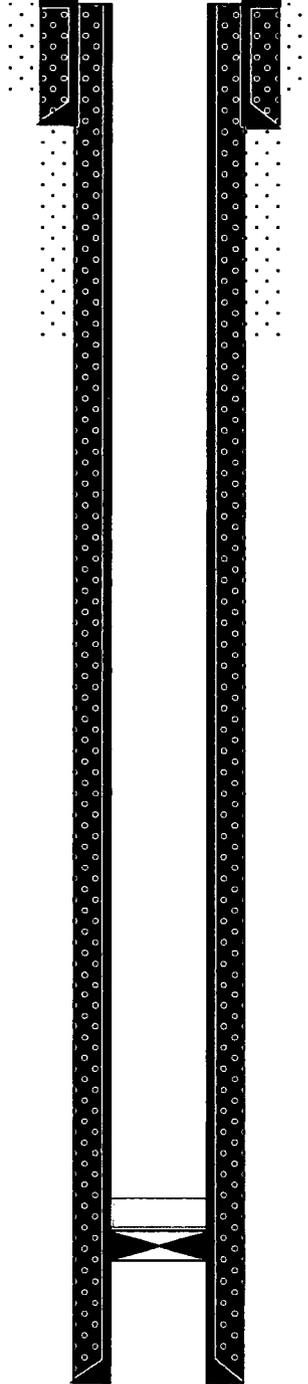
| | | | |
|---|----------------------------|------------------------------|--|
| Signature: <i>Mendy Johnson</i> | | OIL CONSERVATION DIVISION | |
| Printed name: MENDY JOHNSON | | Entered into RBDMS <i>JK</i> | |
| Title: ADMIN. ASSOCIATE | | Re-test | |
| E-mail Address: MENDY - JOHNSON @ OXY.COM | | <i>MA</i> | |
| Date: <i>1/22/19</i> | Phone: <i>506-592-6280</i> | | |
| Witness: | | | |

INSTRUCTIONS ON BACK OF THIS FORM

State L Sec. 32 008

API# 30-025-07542

TWN 18-S; RNG 38-E
Prod - TA'd



8-5/8" 24# @ 300'
cmt'd w/125 sxs
TOC @ Surface (Circ.)

Spot 30' on top of CIBP @ 3050'

5-1/2" 15.5# @ 3124'
cmt'd w/1000 sxs
TOC @ 350' (Calc.)

Plugged Back OH Pay: 3124-3192'

PBTD @ 3020'
TD @ 3192'