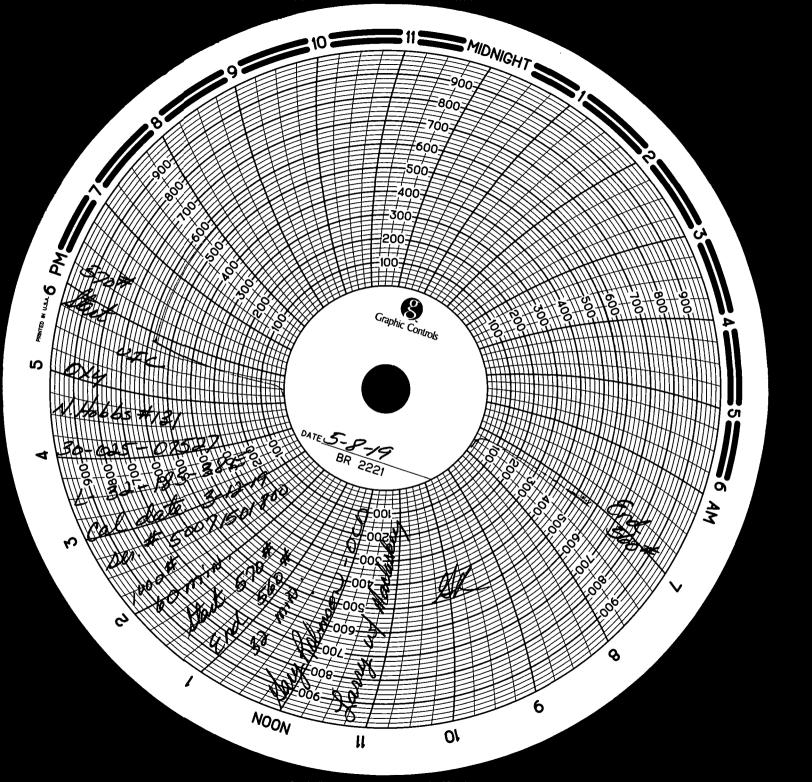
Submit I Copy To Appropriate District State of New Mexico	Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, MM 88240	Revised July 18, 2013 WELL API NO.	
District II – (575) 748-1283 811 S. First St., Artesia AM 882415 OIL CONSERVATION DIVISION	30-025-07527	
District III – (505) 556 6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE FEE	
District IV Area (1476-3460) Santa Fe, NM 87505 1220 S. St. Phone is Dr. Winta Fe, 100 87505	6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORMED OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	North Hobbs (G/SA Unit	
1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 131	
2. Name of Operator Occidental Permian, Ltd	9. OGRID Number 157984	
3. Address of Operator	10. Pool name or Wildcat	
2611 State Hwy 214 Denver City, TX 79323	Hobbs (G/SA)	
4. Well Location Unit Letter L : 2310 feet from the South line and 33	0feet from theline	
Section 32 Township 18-S Range 38-E	NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc 3634' GL	.)	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data	
	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	RK ALTERING CASING KILLING OPNS. P AND A	
	_	
CLOSED-LOOP SYSTEM	g integrity test	
13. Describe proposed or completed operations. (Clearly state all pertinent details, ar	94	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion.	mpletions: Attach wellbore diagram of	
Date of test: 05/08/2019		
Pressure readings: Initial - 570 PSI Ending - 560 PSI		
Length of test: 32 minutes Witnessed: Yes - Gary Robinson - NMOCD		
· · · · · · · · · · · · · · · · · · ·		
Spud Date: Rig Release Date:		
I hereby certify that the information above is true and complete to the best of my knowled	re and halisf	
	ge and benet.	
SIGNATURE LING CL ADAMON TITLE Administrative Associ	ateDATE_05/15/2019	
Type or print name Merdy A. Johnson E-mail address: mendy_johnse For State Use Only	on@oxy.com PHONE: 806-592-6280	
APPROVED BY: Lary Johnson TITLE Copliance Office	DATE 5-16-15	
Conditions of Approval (If any):		



State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

					MIEAD IEL		<u> </u>		
Operator Name OCCIDENTAL PERMIAN, LTD						30-025-07527			
Property Name NORTH HOBBS (G/SA) UNIT					W W	Well No. 131			
	^{7.} Surface Location								
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
L	32	18-S	38-E		2310	SOUTH	330	WEST	LEA
	Well Status								
Well Status		SHUT-IN	PRODUCING			DATE 5-8-19			
OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH									
OBSERVED DATA If bradenhead flowed water, check all of the descriptions that apply:									
		<u>(A)S</u>	urf-Interm	(B)Interm(1))-Interm(2)	(C)Interm-Pro		rod Csng	(E)Tubing
Pressure			0	0	2	NIK	7	О	10 Lauge
Flow Charac	<u>cteristics</u>				6	//		Â	
Puff				Y		Y /		Y /(Ŋ	
Steady F			Y/00	_		Y/		Y/N]
Surge			Y/60			Y 7		Y/Q]
Down to n	othing		& N	0	א ול	Y /	N	W N]

If bradenhead flowed water, check all of the descriptions that apply:

Gas or Oil

Water

v 60

YTR)

CLEAR	FRESH	SALTY	SULFUR	BLACK
-				· · · · ·

Y/N

Y/N

y KÌ

YT (N)

v /@

YIN

Remarks:	INJECTING AT THIS TIMEWTR,GAS,CO2

Signature: Mendy John	OIL CONSERVATION DIVISION		
Printed name: MENDY JQHNSON	Entered into RBDMS		
Title: ADMINISTRATIVE ASSOCIATE	Re-test		
E-mail Address: mendy johnson@oxy.com			
Date: 5 15 19 Phone: 806-592-6280			
Witness: Jan Bolenson			