

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6164
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-2883
 811 S. First St., Hobbs, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Artes, NM 87002
 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. 30-025-28883
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 322
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3640' GR

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
2611 State Hwy 214 Denver City, TX 79323

4. Well Location
 Unit Letter **G** : **1430** feet from the **North** line and **2350** feet from the **East** line
 Section **29** Township **18-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: 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: **05/06/2019**
 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 knowledge and belief.

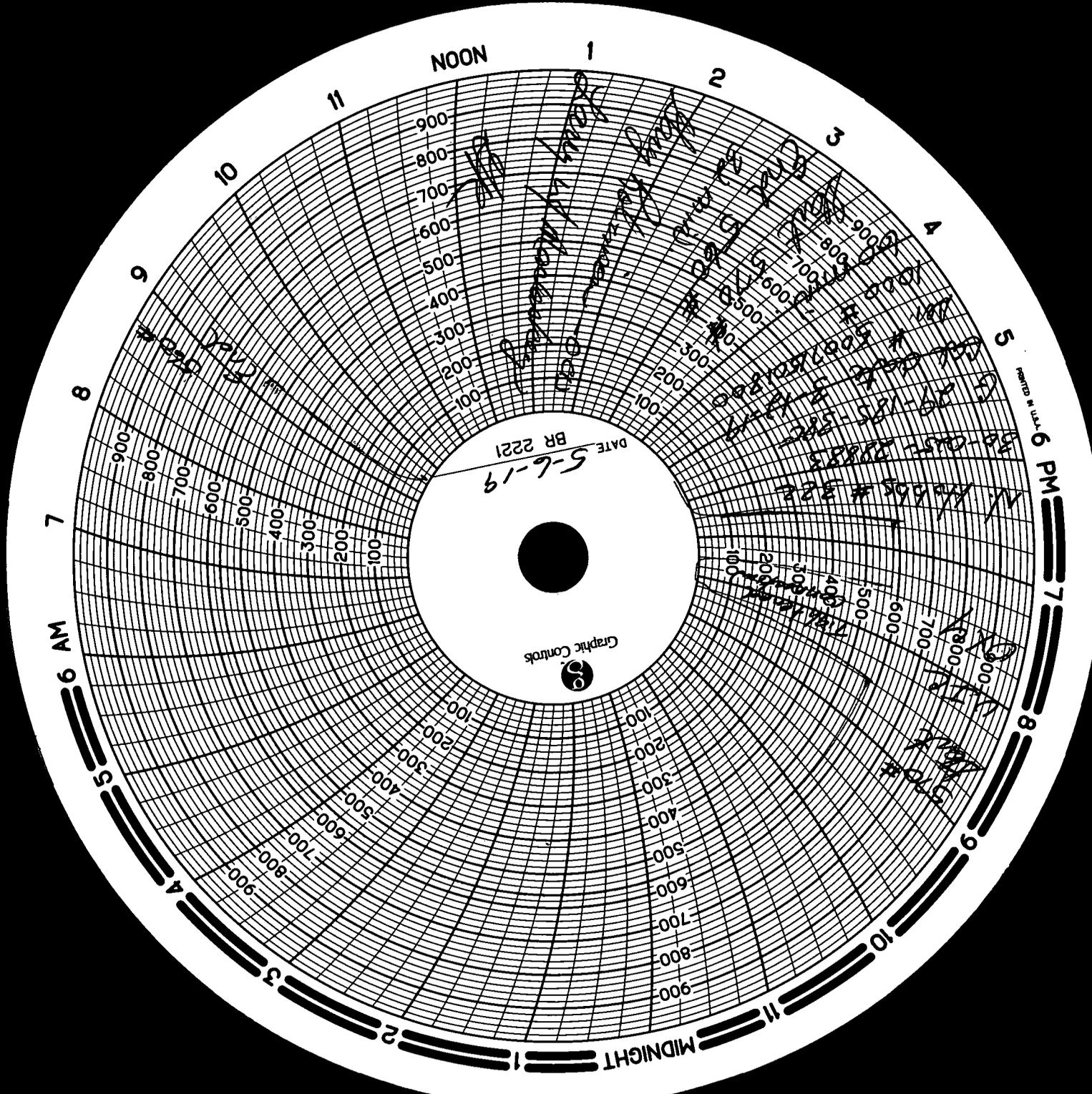
SIGNATURE *Mendy A Johnson* TITLE Administrative Associate DATE 05/15/2019

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

For State Use Only

APPROVED BY: *Gary Robinson* TITLE Compliance Officer DATE 5-16-19

Conditions of Approval (if any):



Graphic Controls

DATE 5-6-19
BR 2221

PRINTED IN U.S.A.

6 PM

7

8

9

10

11

MIDNIGHT

1

2

3

4

5

6 AM

7

8

9

10

11

NOON

1

2

3

4

5

6 PM

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

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	³ API Number 30-025-28883
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 322

² Surface Location

UL - Lot G	Section 29	Township 18-S	Range 38-E		Feet from 1430	N/S Line NORTH	Feet From 2350	E/W Line EAST	County LEA
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Well Status

Well Status <i>Active</i>	SHUT-IN <i>No</i>	PRODUCING <i>INT</i>	DATE <i>5-6-19</i>	
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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	N/A	N/A	0	No Gauge
Flow Characteristics					
Puff	Y/ N	Y/N	Y/N	Y/ N	
Steady Flow	Y/ N	Y/N	Y/N	Y/ N	
Surges	Y/ N	Y/N	Y/N	Y/N	
Down to nothing	Y /N	Y/N	Y/N	Y /N	
Gas or Oil	Y/ N	Y/N	Y/N	Y/ N	
Water	Y/ N	Y/N	Y/N	Y/ N	

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

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test <i>[Signature]</i>
E-mail Address: mendy_johnson@oxy.com	
Date: <i>5/15/19</i>	Phone: 806-592-6280
Witness: <i>[Signature]</i>	