

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 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) 476-3444
 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. 30-025-28886
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 242
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3662' KB

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 N : 200 feet from the South line and 1400 feet from the West line
Section 30 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: 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: <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 <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: 05/07/2019
 Pressure readings: Initial - 460 PSI Ending - 460 PSI
 Length of test: 32 minutes
 Witnessed: Yes - Gary Robinson - NMOCD

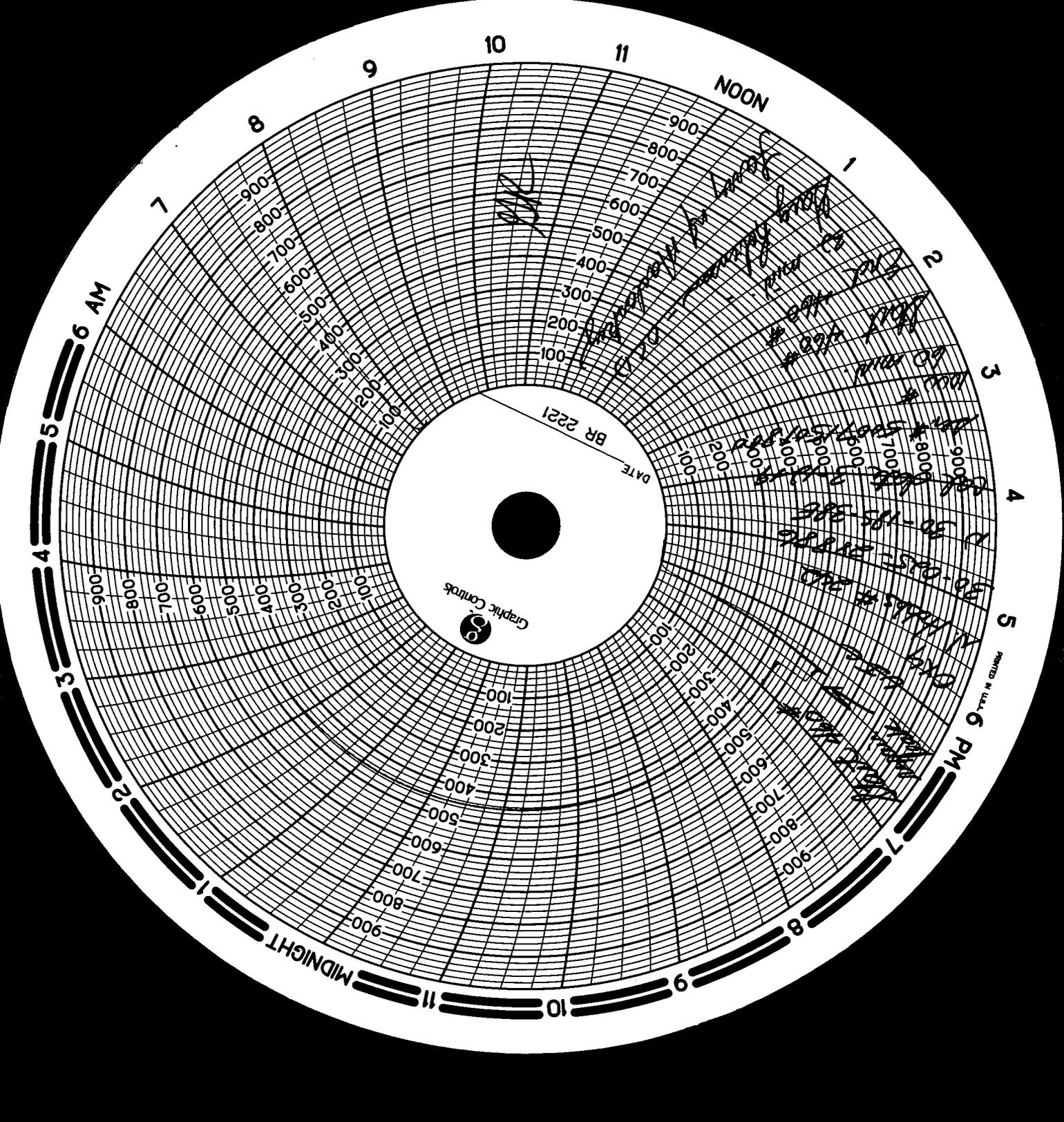
Spud Date: Rig Release Date:

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):



**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 30-025-28886
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 242

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
N	30	18-S	38-E	200	SOUTH	1400	WEST	LEA

Well Status

Well Status <i>ACTIVE</i>	SHOT-IN <i>NO</i>	PRODUCING <i>INT</i>	DATE <i>5-7-19</i>	
------------------------------	----------------------	-------------------------	-----------------------	--

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 Csgng	(E)Tubing
Pressure	0	0	N/A	0	<i>No Gauge</i>
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
-------	-------	-------	--------	-------

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: 806-992-6280	
Witness: <i>Gary Robinson</i>	