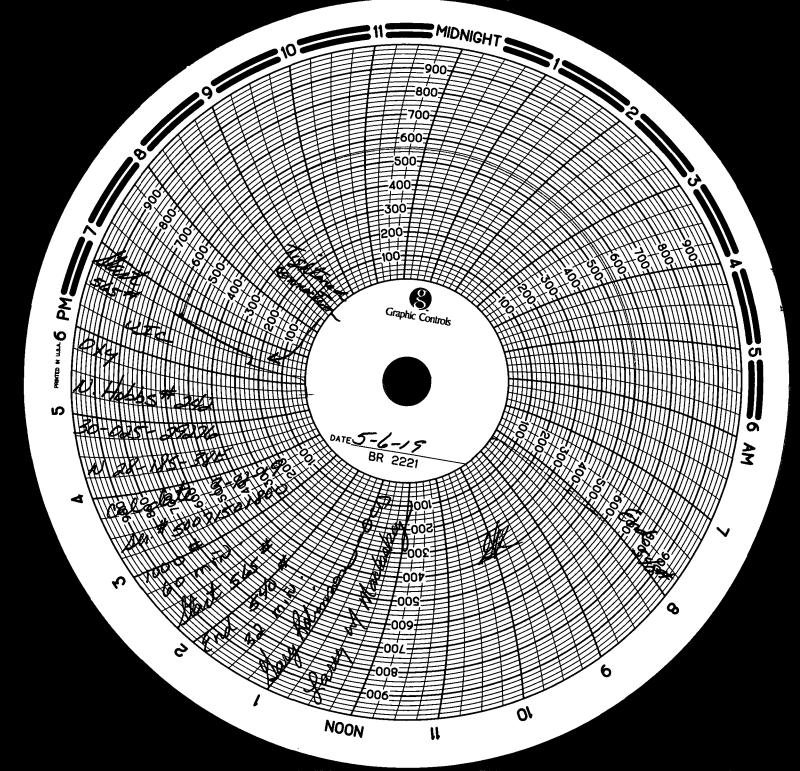
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103				
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013				
1625 N. French Dr., Hobbs, NM 88248		WELL API NO.   30-025-29276				
District II - (575) 748-1283 811 S. First St., Artesia, NM 88	OIL CONSERVATION DIVISION	5. Indicate Type of Lease				
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE				
District IV – (505) 476-3160	Santa Fe, NM 87505	6. State Oil & Gas Lease No.				
District II – (575) 748-1283 811 S. First St., Artesia, NM 8845 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztes SM 87410 District IV – (505) 476-3169 1220 S. St. Francis Dr. Banta Fe. NM 87505  SUNDRY NO 885	1220 South St. Francis Dr. Santa Fe, NM 87505					
SUNDRY NOTICE	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPESA	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	North Hobbs (C/SA Linit				
PROPOSALS.)	North Hobbs (G/SA Unit					
1. Type of Well: Oil Well G	8. Well Number 242					
Name of Operator     Occidental Permian, Ltd		9. OGRID Number 157984				
3. Address of Operator		10. Pool name or Wildcat				
1	ity, TX 79323	Hobbs (G/SA)				
4. Well Location	66 South 18	323 West				
Onit Letter	teet from the file and					
Section 28	Township 18-S Range 38-E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County				
	3659' KB	<i>:.)</i>				
	3033 KB	- 4				
12. Check Ap	propriate Box to Indicate Nature of Notice	, Report or Other Data				
NOTICE OF INT		SECULENT DEPORT OF				
NOTICE OF INT PERFORM REMEDIAL WORK □	ENTION TO: SUBPLUG AND ABANDON	BSEQUENT REPORT OF:  RK				
	<del>-</del>	RILLING OPNS. P AND A				
	MULTIPLE COMPL CASING/CEMEN					
DOWNHOLE COMMINGLE						
CLOSED-LOOP SYSTEM						
OTHER:		g integrity test				
	ed operations. (Clearly state all pertinent details, as					
	). SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of				
proposed completion or recon	•					
Date of test: 05/06/201						
Length of test: 32 minu	ial - 565 PSI Ending - 540 PSI tes					
Witnessed: Yes - Gary						
·						
Spud Date:	Rig Release Date:					
		<del></del>				
I hereby certify that the information ab	ove is true and complete to the best of my knowled	ge and helief				
Thereby certify that the information at	ove is true and complete to the best of my knowled	ge and belief.				
$\bigcap_{i \in \mathcal{I}} A_i = \{i \in \mathcal{I}\}$	tol me	05/15/2010				
SIGNATURE UNDER CONTROL OF THE CONTR	TITLE Administrative Associ	DATE 05/15/2019				
Type or print name Mendy A. John	/ son	on@oxy.com PHONE: 806-592-6280				
For State Use Only	2 man address.	7				
		1/11				
APPROVED BY: May fold Conditions of Approval (if any):	TITLE Considered	Mes DATE 5-16-19				



## State of New Mexico

## **Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office**

## **BRADENHEAD TEST REPORT**

OCCIDENTAL PERMIAN, LTD								30-025-29276				
Property Name NORTH HOBBS (G/SA) UNIT									Well No. 242			
				7. (	Surface Locati	on						
UL - Lot N	Section 28	Township 18-S	Range 38-E		Feet from 1166		S Line OUTH	Feet I		E/W Line WEST	County LEA	
					Well Status	;						
Well Status ACTIVE			SHUT/IN	PRODUCING			DATE 5-6-19					
		N BRADENI	HEAD AND INTE	ERMEDIATE		ERE INDI				ES EACH		
If bradenhead	l flowed wat	ter, check all	l of the description		BSERVED DA	TA			,			
		(A)Su	urf-Interm	(B)Interm(1)	-Interm(2)	(C)Inte	rm-Prod		(D)Proc	d Csng	(E)Tubing	
Pressure			0	R	IA _		NA			1)	No Say	ro
Flow Charac						T	7					_
Puff			Y 160		7 / N		Y/N			Y/60	7	
Steady F			Y / 🔯		7 / N		Y/N			Y / 🕙		
Surge			Y /60		77 N		Y/N			Y/(N)		
Down to n	-		Ø N		7 / N		Y/N		(	Ŷ/ N		
Gas or			Y /(\$\frac{1}{2}\)		7 / N		Y/N			Y /(N)		
Wate	г		Y /60	Y	// N		Y/N		<u> </u>	Y/(N)		
<u>If bradenhead</u>	l flowed wat	ter, check all	of the description	ıs that apply:								
CLEAR		FRE		SALTY SULFUR			J <b>R</b>	BLACK				
				<u> </u>								
Remarks:						INJ	ECTING A	AT THIS	ТІМЕ	WTR,G	GAS,CO2	_
												ı
<del></del>												
Signature:	nen	<u></u>	Sohnov	—— ^~	,			OI	L CONS	SERVATIO	N DIVISION	1
Printed name: MENDY JOHNSON						Entered into RBDMS						
Title: ADMI		$ \cup$	ATE					Re-test	Into Ital	<u> </u>		,
E-mail Addre								<u>re-test</u>			<del>- 181-</del>	
Date: 5	519	Johnsoneox	Phone: 806-59	72-6280								
			Witness:	ne hola	magen /							