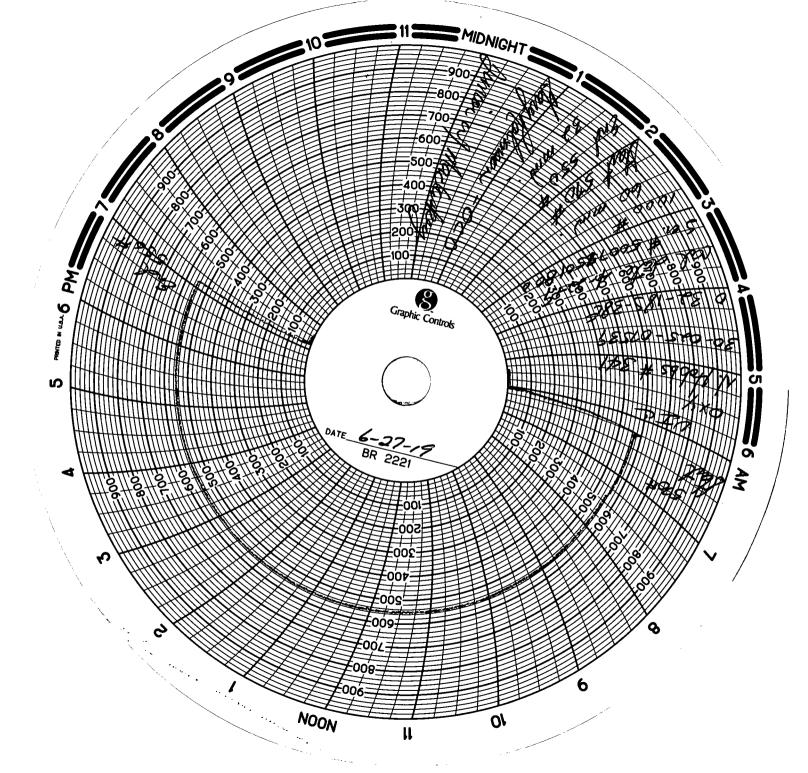
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103				
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013				
1625 N. French Dr., Hobbs, NM 8824	WELL API NO.					
811 S. First St., Artesia, NM 882	OIL CONSERVATION DIVISION	30-a15-01539 5. Indicate Type of Lease				
District III – (505) 334-6178	1220 South St. Francis Dr.	STATE FEE				
District IV – (505) 476 3	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	6. State Oil & Gas Lease No.				
SUNDRY NOCICE	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROSSAL	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	North Hobbs (G/SA) Unit					
1. Type of Well: Oil Well Ga	8. Well Number 341					
Name of Operator     Occidental Permian, Ltd		9. OGRID Number 157984				
3. Address of Operator		10. Pool name or Wildcat				
1017 West Standolind Road, Hob	bs-NM, 88240	Hobbs (G/SA)				
4. Well Location						
Unit Letter O : 3/30	Defect from the South Ine and 23	feet from the East line				
Section 32	Township 18-S Range 38-E	NMPM County Lea				
1	1. Elevation (Show whether DR, RKB, RT, GR, etc	2)				
	3622' GL					
12 Check Ann	ropriate Box to Indicate Nature of Notice,	Report or Other Data				
•••	•	•				
NOTICE OF INTE		SSEQUENT REPORT OF:				
	LUG AND ABANDON   REMEDIAL WOF	<del>-</del>				
<del>-</del>		RILLING OPNS. P AND A				
PULL OR ALTER CASING NOWNHOLE COMMINGLE	ULTIPLE COMPL	AL JOB L				
CLOSED-LOOP SYSTEM	•	•				
OTHER:	☐ OTHER:	П				
	d operations. (Clearly state all pertinent details, ar	nd give pertinent dates, including estimated date				
of starting any proposed work)	SEE RULE 19.15.7.14 NMAC. For Multiple Co					
proposed completion or recomp	oletion.					
Date of test: 06-27-2019						
Pressure Readings: Initial	570 PSI Ending: 550 PSI					
Length of test: 32 min Witnessed: Yes - Gary Ro	binson - NMOCD					
Williassa. 188 Sary 188	JIIIOJII TIIIIOOD					
Spud Date:	Rig Release Date:					
I hereby certify that the information abo	ve is true and complete to the best of my knowled	ge and belief.				
$\mathcal{M}$						
SIGNATURE	TITLE Wall Suprellance Laga	DATE 07/11/19				
7	TITLE Well Surveillance Lead					
Type or print name Justin Saxon	E-mail address: Justin_Saxon(	@Oxy.com PHONE: 575-397-8206				
For State Use Only						
		111 71116				
APPROVED BY: Ally Pilers	TITLE Clestons	DATE 7-16-19				
Conditions of Approval (if any):						



<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

## **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 30-025-07539

Property Name NORTH HOBBS (G/SA) UNIT							Well No. 341						
<sup>7.</sup> Surface Location													
UL - Lot	Section	Township				E/W Line	County						
0	32	18-S	38-E	330 SOUTI			отн	2310		EAST	LEA		
Well Status													
Well Status			SHUT-IN	/ / /			DATE				<del></del> :		
HO	TIVE			NO INT			-	6-27-19					
OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH													
OBSERVED DATA  If bradenhead flowed water, check all of the descriptions that apply:													
		(A)Su	rf-Interm	(B)Interm(1)-l	rm(1)-Interm(2) (C)Interm-Pi		m-Prod	-Prod (D)Prod		Csng (E)Tubing			
Pressure			0		<u> </u>	NA		-	0		NA		
Flow Charac	<u>cteristics</u>		<u> </u>			1973					17 4		
Puff	Puff			YIO			Y / N		¥ 7 (S)				
Steady F	low		YO	1			Y/N		Y				
Surge			Y / (\$)				Y/N		Y				
Down to n	•		Ø N	(Y)	N		Y/N			N			
	Gas or Oil		Y /(\$)			ļ	Y / N		Y				
wate	Water		1 (1)	Y (6)			Y/N						
If bradenhead	flowed wa	ater, check all	of the descriptio	ns that apply:									
CLEAR		FRE	SH	SALTY			SULFUR			BLACK			
		L											
Remarks:		-1				INJECTIN	G ÅT TH	IIS TIME	WTR	,GAS,	CO2		
		TC											
								3					
								Ĭ	ļ				
									<del></del>				
Signature:							Г						
Oignature.						OIL CONSERVATION DIVISION							
Printed name: MENDY JOHNSON						Entered into RBDMS							
Title: ADMINISTRATIVE ASSOCIATE							Re-test			RI			
E-mail Addre	ess: mendy	/_johnson@ox	<u>vy.com</u>										
Date:	Phone: 806-592-6280												
Witness													