

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) 334-6160
 1000 Rio Brazos Rd., Artesia, NM 88210
 District IV - (505) 486-2960
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

HOBBS OGD
 JUL 12 2019
 RECEIVED

WELL API NO. <u>30-025-43040</u>
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 679
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3622' GL

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 Temporarily Abandoned

2. Name of Operator
Occidental Permian, Ltd

3. Address of Operator
1017 West Standolind Road, Hobbs NM, 88240

4. Well Location
 Unit Letter H : 2157 feet from the North line and 637 feet from the East line
 Section 24 Township 18-S Range 37-E NMPM County Lea

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: <input 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: 06-27-2019
 Pressure Readings: Initial: 540 PSI Ending: 540 PSI
 Length of test: 32 min
 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 [Signature] TITLE Well Surveillance Lead DATE 07/11/19

Type or print name Justin Saxon E-mail address: Justin_Saxon@Oxy.com PHONE: 575-397-8206

For State Use Only
 APPROVED BY: [Signature] TITLE Supervisor DATE 7-16-19
 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 30-025-43040
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 679

7. Surface Location

UL - Lot H	Section 24	Township 18-S	Range 37-E	Feet from 2157	N/S Line NORTH	Feet From 637	E/W Line EAST	County LEA
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Well Status

Well Status ACTIVE	SHUT-IN No	PRODUCING HVJ	DATE 6-27-19	
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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 Csgng	(E)Tubing
Pressure	0	N/A	N/A	0	—
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

UIC

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