

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) 476-3460
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. 30-025-07469
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
8. Well Number 311
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3658' 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned	
2. Name of Operator Occidental Permian, Ltd	
3. Address of Operator 1017 West Stanolind Road, Hobbs, NM 88240	
4. Well Location Unit Letter <u>B</u> : <u>330</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3658' GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *J.P.M.*

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/TA status extension <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: 06/26/2019
Pressure readings: Initial - 570 PSI Ending - 550 PSI
Length of test: 32 minutes
Witnessed: Yes - Garv Robinson - NMOCD

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 12-26-19
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: XZ

HOBBS OCD
JUL 12 2019
RECEIVED

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

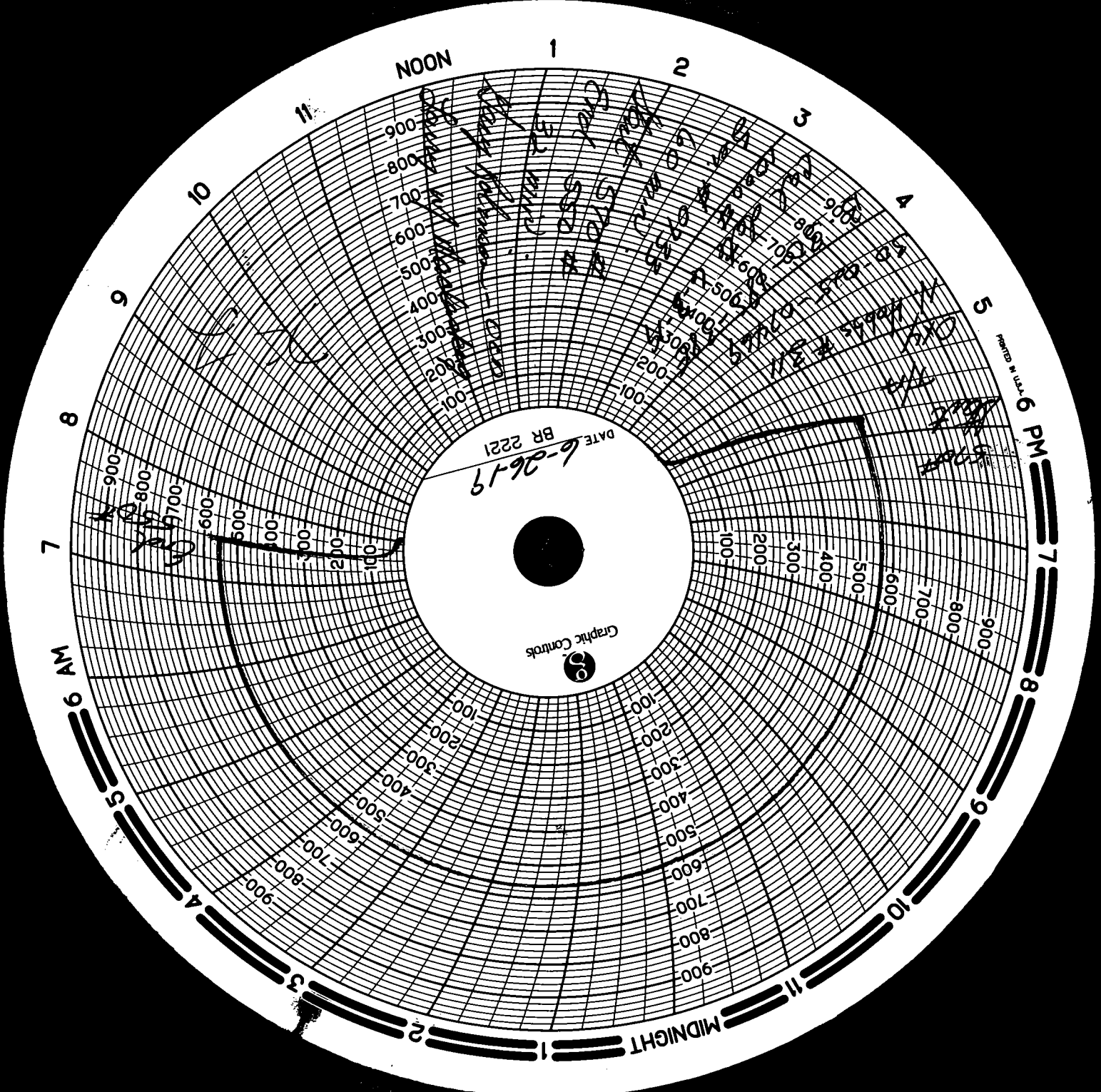
SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 07/11/2019

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

For State Use Only

APPROVED BY: Kerry Fortu TITLE Compliance Officer A 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 <i>Occidental Permian</i>		API Number <i>30-025-07469</i>
Property Name <i>North Hobbs</i>		Well No. <i>311</i>

2. Surface Location

UL - Lot <i>B</i>	Section <i>30</i>	Township <i>18-S</i>	Range <i>38-E</i>	Feet from <i>330</i>	N/S Line <i>North</i>	Feet From <i>2310</i>	E/W Line <i>East</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJ	INJECTOR <input type="checkbox"/> SWD	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>6-26-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Puff	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	WTR <input type="checkbox"/>
Surges	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	
Water	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test <i>[Signature]</i>	
E-mail Address:			
Date:	Phone:		
Witness: <i>Gregg Peterson</i>			

INSTRUCTIONS ON BACK OF THIS FORM