

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88201
District II - (575) 748-2333
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

Energy, Minerals and Natural Resources

Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED
JUL 23 2019
HOBBS OGD

| | |
|---|-------------------------|
| WELL API NO. | 30-025-07662 |
| 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 | South Hobbs (G/SA) Unit |
| 8. Well Number | 63 |
| 9. OGRID Number | 157984 |
| 10. Pool name or Wildcat | Hobbs (G/SA) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | 3602' DF |

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
1017 West Stanolind Road, Hobbs, NM 88242

4. Well Location
Unit Letter C : 660 feet from the North line and 1980 feet from the West line
Section 9 Township 19-S Range 38-E NMPM Lea County

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: 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: 07-15-19
Pressure readings: Initial - 540 PSI Ending - 530 PSI
Length of test: 32 minutes
Witnessed: Yes - Gary Robiinson - 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 07/23/19

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 Compliance Officer DATE 7-26-19
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 30-025-07662 |
| Property Name SOUTH HOBBS (G/SA) UNIT | Well No. 63 |

7. Surface Location

| | | | | | | | | |
|---------------|--------------|------------------|---------------|------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot C | Section 9 | Township 19-S | Range 38-E | Feet from 660 | N/S Line NORTH | Feet From 1980 | E/W Line WEST | County LEA |
|---------------|--------------|------------------|---------------|------------------|-------------------|-------------------|------------------|---------------|

Well Status

| | | | |
|------------------------------|----------------------|--------------------------|------------------------|
| Well Status <i>ACTIVE</i> | SHUT-IN <i>No</i> | PRODUCING <i>INTJ</i> | DATE <i>7-15-19</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 Csng | (E) Tubing |
|-----------------------------|-----------------|-------------------------|-----------------|---|-----------------|
| Pressure | <i>N/A</i> | <i>N/A</i> | <i>N/A</i> | <i>0</i> | <i>No Gauge</i> |
| Flow Characteristics | | | | | |
| Puff | Y / N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | |
| Steady Flow | Y / N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | |
| Surges | Y / N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | |
| Down to nothing | Y / N | Y / N | Y / N | <input checked="" type="checkbox"/> N | |
| Gas or Oil | Y / N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> N | |
| Water | Y / N | Y / N | Y / N | Y / <input checked="" type="checkbox"/> 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

VIC

| | |
|--|----------------------------|
| Signature: | 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: | Phone: 806-592-6280 |
| Witness: <i>Larry Polonski</i> | |