

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 87401
 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

HOBBS OGD
JUL 23 2019
RECEIVED

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

| |
|---|
| WELL API NO. 30-025-28733 |
| 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 173 |
| 9. OGRID Number 157984 |
| 10. Pool name or Wildcat Hobbs (G/SA) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3617' RD |

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 E : 1978 feet from the North line and 1223 feet from the West line
Section 10 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: 07-16-19
 Pressure readings: Initial - 600 PSI Ending - 590 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 07/22/19

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 Comptroller Officer DATE 7-26-19
 Conditions of Approval (if any):

District I
 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 | API Number 30-025-28733 |
| Property Name SOUTH HOBBS (G/SA) UNIT | Well No. 173 |

7. Surface Location

| | | | | | | | | |
|---------------|---------------|------------------|---------------|-------------------|-------------------|-------------------|------------------|---------------|
| UL - Lot E | Section 10 | Township 19-S | Range 38-E | Feet from 1978 | N/S Line NORTH | Feet From 1223 | E/W Line WEST | County LEA |
|---------------|---------------|------------------|---------------|-------------------|-------------------|-------------------|------------------|---------------|

Well Status

| | | | |
|------------------------------|----------------------|-------------------------|------------------------|
| Well Status <i>ACTIVE</i> | SHUT-IN <i>No</i> | PRODUCING <i>INT</i> | DATE <i>7-16-19</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 Csgng | (E)Tubing |
|-----------------------------|--|------------------------|----------------|--|-----------|
| Pressure | 0 | N/A | N/A | 0 | No Gauge |
| Flow Characteristics | | | | | |
| Puff | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y / N | Y / N | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | |
| Steady Flow | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | Y / N | Y / N | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | |
| Surges | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | Y / N | Y / N | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | |
| Down to nothing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Y / N | Y / N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | |
| Gas or Oil | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | Y / N | Y / N | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | |
| Water | Y <input type="checkbox"/> <input checked="" type="checkbox"/> N | Y / N | Y / N | Y <input type="checkbox"/> <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

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