

Submit 1 Copy To Appropriate District Office  
 District I - (575) 333-1178  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (505) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 333-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3444  
 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

HOBS OGD  
 JUL 23 2019  
 RECEIVED

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

WELL API NO. 30-025-44608
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 South Hobbs (G/SA) Unit
8. Well Number 274
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3616.3' KB

**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 : 1772 feet from the North line and 1051 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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 - 520 PSI Ending - 510 PSI  
 Length of test: 32 minutes  
 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 07/22/19

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 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 30-025-44608
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 274

**7. Surface Location**

UL - Lot E	Section 10	Township 19S	Range 38E	Feet from 1772	N/S Line NORTH	Feet From 1051	E/W Line WEST	County LEA
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**Well Status**

Well Status <b>ACTIVE</b>	SHUT IN <b>No</b>	PRODUCING <b>INT</b>	DATE <b>7-16-19</b>
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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 Csg	(E)Tubing
Pressure	800	N/A	N/A	0	1100
<b>Flow Characteristics</b>					
Puff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	
Steady Flow	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	
Surges	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Gas or Oil	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	
Water	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input type="checkbox"/> 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*  
 Surface had 800 PSI - bled to zero in 5 min.  
 (gas only)

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