

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) 334-6111  
 1000 Rio Brazos Rd., NM 87400  
 District IV - (505) 478-3460  
 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

HOBSOCD  
 RECEIVED  
 JUL 23 2019

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

WELL API NO. 30-025-44609
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 275
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 : 1797 feet from the North line and 1051 feet from the West line  
 Section 10 Township 19-S Range 38-E NMPM 1ea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Casing integrity test</u> <input checked="" type="checkbox"/>	
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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 - 610 PSI Ending - 600 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):



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 30-025-44609
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 275

**7. Surface Location**

UL - Lot E	Section 10	Township 19S	Range 38E	Feet from 1797	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 Csgng	(E)Tubing
Pressure	0	N/A	N/A	0	1150
<b>Flow Characteristics</b>					
Puff	<input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Water	Y / <input checked="" type="checkbox"/> 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
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Remarks: INJECTING AT THIS TIME  WTR,  GAS,  CO2

*UIC*

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