

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) 334-6161
 1000 Rio Brazos Rd., Artesia, NM 88210
 District IV - (505) 477-2960
 1220 S. St. Francis, 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

HOBBS OGD
 RECEIVED
 AUG 17 2019

WELL API NO. 30-025-07600
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 33
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3623' 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 TA'd Injector

2. Name of Operator
Occidental Permian, Ltd

3. Address of Operator
1017 West Stanolind Road, Hobbs NM, 88240

4. Well Location
 Unit Letter G : 2310 feet from the North line and 1650 feet from the East line
 Section 4 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 / TA Extention <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: 07/30/19
 Pressure readings: Initial - 620 PSI Ending - 610 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 08/06/19

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 A DATE 8-8-19
 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 30-025-07600
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 33

7. Surface Location

UL - Lot G	Section 4	Township 19-S	Range 38-E	Feet from 2310	N/S Line NORTH	Feet From 1650	E/W Line EAST	County LEA
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Well Status

Well Status <i>TA</i>	SHUT-IN <i>YES</i>	PRODUCING <i>NO</i>	DATE <i>7-30-19</i>
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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	<i>0</i>	<i>0</i>	<i>NA</i>	<i>0</i>	<i>NOISE</i>
Flow Characteristics					
Puff	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	
Steady Flow	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	
Surges	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	
Down to nothing	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	
Gas or Oil	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	
Water	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	<i>Y</i> / <i>N</i>	<i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: *TA Extension* INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

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>Mendy Johnson</i>	