

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1243  
811 S. First St., Artesia, NM 88210  
District III - (505) 373-4178  
1000 Rio Brazos, Aztec, NM 87410  
District IV - (505) 76-3460  
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

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

WELL API NO. 30-025-29752
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 213
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3623' KB

**SUMMARY 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, 88240

4. Well Location  
Unit Letter A : 890 feet from the North line and 1275 feet from the East line  
Section 5 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: 07/26/19  
Pressure readings: Initial - 660 PSI Ending - 640 PSI  
Length of test: 32 minutes  
Witnessed: Yes - Kerry Fortner - 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.

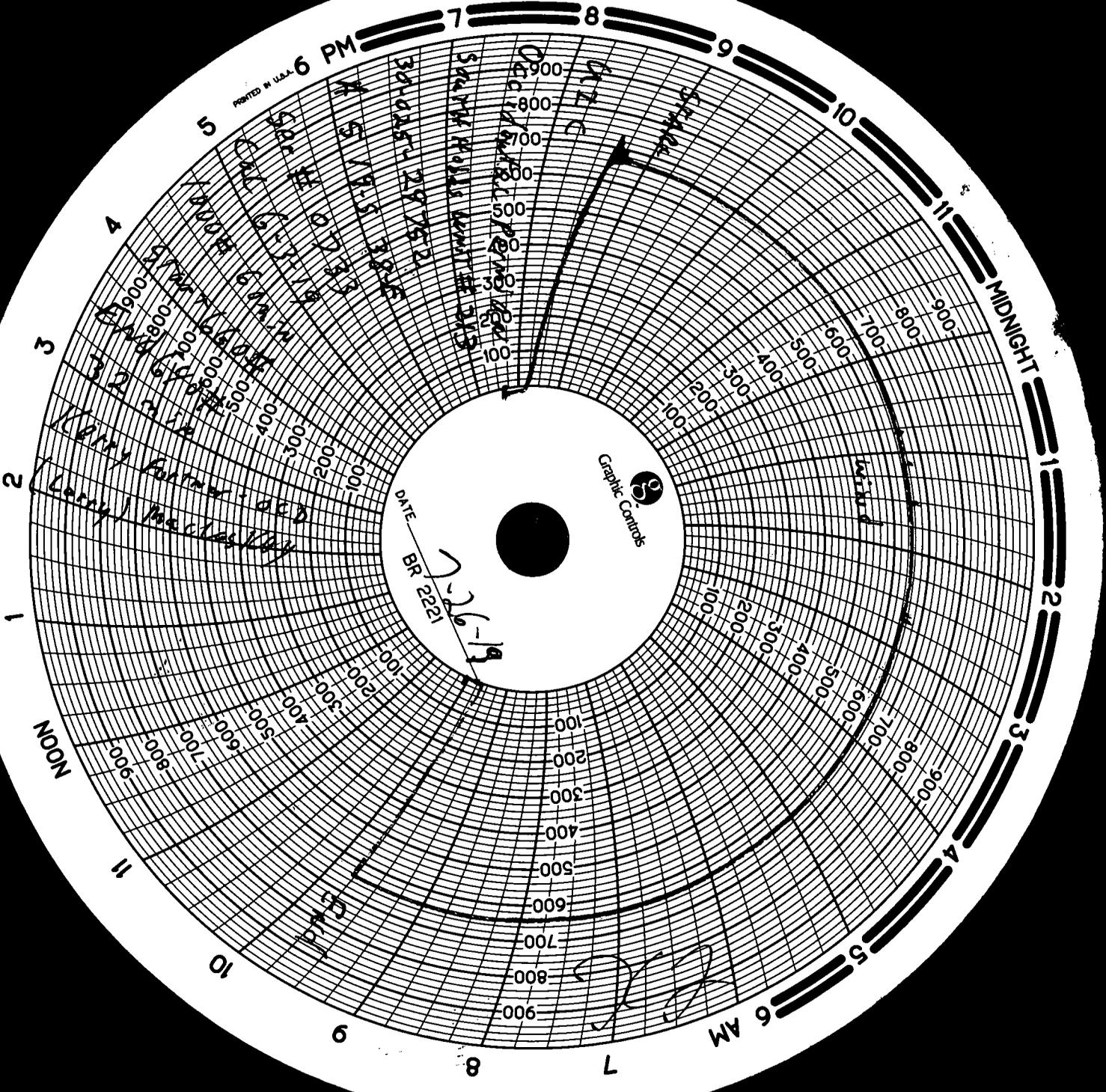
SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 08/06/19

Type or print name Justin Saxon E-mail address: Justin\_Saxon@oxy.com PHONE: 575-397-8206

APPROVED BY: [Signature] TITLE Compliance Officer DATE 8-8-19  
Conditions of Approval (if any)

PRINTED IN U.S.A.

6 PM



DATE BR 2221

Graphic Controls

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 (Contact Person) *Xavier Young*  
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 (Contact Person) *Zoe Black*  
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 (Contact Person) *Adam King*  
 (Title) *VP*  
 (Company) *WXY Inc*

**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 30-025-29752
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 213

**7. Surface Location**

UL - Lot A	Section 5	Township 19-S	Range 38-E	Feet from 890	N/S Line NORTH	Feet From 1275	E/W Line EAST	County LEA
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**Well Status**

Well Status <b>A</b>	SHUT-IN <b>N</b>	PRODUCING <b>FMS</b>	DATE <b>7-26-19</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	NA	NA	6	1002
<b>Flow Characteristics</b>					
Puff	Y/ <del>N</del>	Y/N	Y/N	Y/ <del>N</del>	
Steady Flow	Y/ <del>N</del>	Y/N	Y/N	Y/ <del>N</del>	
Surges	Y/ <del>N</del>	Y/N	Y/N	Y/ <del>N</del>	
Down to nothing	<del>Y</del> /N	Y/N	Y/N	<del>Y</del> /N	
Gas or Oil	Y/ <del>N</del>	Y/N	Y/N	Y/ <del>N</del>	
Water	Y/ <del>N</del>	Y/N	Y/N	Y/ <del>N</del>	

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

u/c test  
 (Larry) MacLasky  
 Ser# 0733  
 Cal 6-3-19

Signature:	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date:	
Phone: 806-592-6280	
Witness: Kerry Fortner-GCP 399-3221	