

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) 333-3333
1000 Rio Brazos Rd., Aztec, NM 87728
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

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

WELL API NO. 30-025-07594
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 58
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3607' RDB

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 Temporarily Abandoned

2. Name of Operator
Occidental Permian, Ltd

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

4. Well Location
Unit Letter N : 660 feet from the South line and 1980 feet from the West line
Section 3 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:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

SUBSEQUENT REPORT OF:

- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL
- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A
- OTHER: Casing integrity test/TA status extension

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: 08-13-2019
Pressure readings: Initial - 560 PSI Ending - 540 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 8-21-19

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 Operator DATE 8-26-19

Conditions of Approval (if any):

District 1
 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 OXY PERMIAN, LTD	API Number 30-025-07594
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 58

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
N	3	19-S	38-E	660	SOUTH	1980	WEST	LEA

Well Status

TA'D Well Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SHUT-IN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	PRODUCING OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 8-13-19
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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 Csng	(E)Tubing
Pressure	0	0	0	0	NOTE
Flow Characteristics					
Puff	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	CO2 ___			
Steady Flow	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	WTR ___			
Surges	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	GAS ___			
Down to nothing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Type of Fluid Injected for			
Gas or Oil	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Water Flood if applies			
Water	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A

Signature:	OIL CONSERVATION DIVISION
Printed name: JUSTIN SAXON	Entered into RBDMS <i>[Signature]</i>
Title: WELL SURVEILLANCE LEAD	Re-test
E-mail Address: Justin_Saxon@oxy.com	
Date:	Phone: 575-397-8206
Witness: <i>[Signature]</i>	