

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) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

**HOBBS OOD**  
**RECEIVED**  
**AUG 22 2019**

WELL API NO. 30-025-07609
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 56
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3611' KB

**SUNDRY NOTICE 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 P : 660 feet from the South line and 660 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

<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: Casing Integrity Test <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: 08/13/2019  
 Pressure readings: Initial - 460 PSI Ending - 460 PSI  
 Length of test: 32 minutes  
 Witnessed: Yes - Gary Robinson - NMOCD

Spud Date:  Rig Release Date:

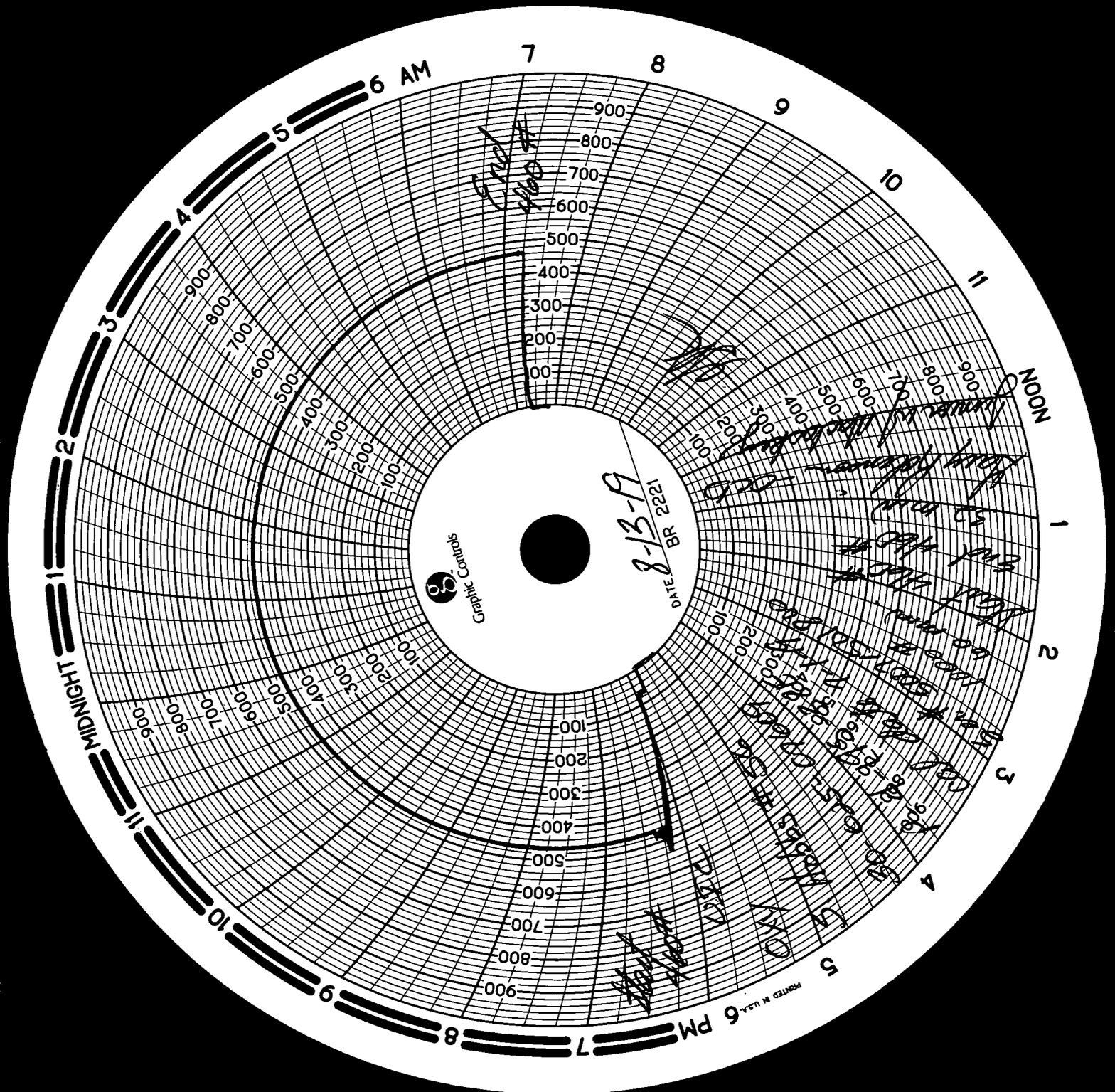
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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 Compliance Officer DATE 8-26-19  
 Conditions of Approval (if any):



Graphic Controls

8-13-19  
DATE: BR 2221

12 MIDNIGHT  
11  
10  
9  
8  
7  
6 PM  
5  
4  
3  
2  
1  
NOON  
11  
10  
9  
8  
7  
6 AM

CROSS  
MUSIC

MUSIC  
NOISE  
SOUND

Handwritten notes and scribbles in the right half of the chart, including:  
- A large scribble at the top right.  
- A vertical line of text: "CROSS MUSIC".  
- A vertical line of text: "MUSIC NOISE SOUND".  
- A vertical line of text: "DATE: BR 2221".  
- A vertical line of text: "8-13-19".  
- A vertical line of text: "NOON".  
- A vertical line of text: "MIDNIGHT".  
- A vertical line of text: "12".  
- A vertical line of text: "11".  
- A vertical line of text: "10".  
- A vertical line of text: "9".  
- A vertical line of text: "8".  
- A vertical line of text: "7".  
- A vertical line of text: "6 PM".  
- A vertical line of text: "5".  
- A vertical line of text: "4".  
- A vertical line of text: "3".  
- A vertical line of text: "2".  
- A vertical line of text: "1".

PRINTED IN U.S.A.

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 30-025-07609
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 56

**7. Surface Location**

UL - Lot P	Section 4	Township 19-S	Range 38-E	Feet from 660	N/S Line SOUTH	Feet From 660	E/W Line EAST	County LEA
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**Well Status**

Well Status <i>ACTIVE</i>	SHUT-IN <i>No</i>	PRODUCING <i>INTJ</i>	DATE <i>8-13-19</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>	<del><i>0</i></del>	<i>NA</i>	<i>0</i>	<i>1012</i>
<b>Flow Characteristics</b>					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>N</i>	<i>N</i>	<i>Y/N</i>	<i>N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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*

*Int. csg. valve needs to be changed*

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