

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) 333-3460
 1000 Rio Brazos Rd., Aztec, NM 87401
 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

HOBBS OCD
RECEIVED
 OCT 30 2019

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned		WELL API NO. 30-025-07594
2. Name of Operator Occidental Permian, Ltd		Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 1017 West Stanolind Road, Hobbs, NM 88240		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>3</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3607' RDB		8. Well Number <u>58</u> 9. OGRID Number <u>157984</u> 10. Pool name or Wildcat Hobbs (G/SA)

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 status extension <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: 08-13-2019
 Pressure readings: Initial - 560 PSI Ending - 540 PSI
 Length of test: 32 minutes
 Witnessed: YES - Gary Robinson - NMOCD

FINAL TA STATUS- EXTENSION
 Approval of TA EXPIRES: 2/13/20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: KZ

Spud Date: Rig Re.

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

APPROVED BY: [Signature] TITLE Operations Officer DATE 8-26-19

Conditions of Approval (if any):
Kerry Forster C.O. A 10-30-19

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

7. Surface Location

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

<input checked="" type="checkbox"/> Yes	TA'D Well	No	<input checked="" type="checkbox"/> Yes	SHUT-IN	No	<input checked="" type="checkbox"/> INJ	INJECTOR	SWD	OIL	PRODUCING	GAS	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 C/sng	(E)Tubing
Pressure	0	0	0	0	None
Flow Characteristics					
Puff	Y <input checked="" type="checkbox"/> N	CO2 ___			
Steady Flow	Y <input checked="" type="checkbox"/> N	WTR ___			
Surges	Y <input checked="" type="checkbox"/> N	GAS ___			
Down to nothing	Y <input checked="" type="checkbox"/> N	Type of Fluid Ejected for Water Flood if applies			
Gas or Oil	Y <input checked="" type="checkbox"/> N				
Water	Y <input checked="" type="checkbox"/> N				

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>	