

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025- 078620 07520
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
8. Well Number 32-221
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)

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

2. Name of Operator
Occidental Permian, Ltd

3. Address of Operator
1017 W Stanolind Rd, Hobbs NM 88240

4. Well Location
 Unit Letter F : 1650 feet from the N line and 2310 feet from the West line
 Section 32 Township 18-S Range 38-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

HOBBS OCD

DEC 26 2019

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *Sp. m*

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: T/A <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: 12/09/2019
 Pressure readings: Initial - 620 PSI Ending - 580 PSI
 length of test: 32 min
 Witnessed: Gary Robinson - NMOCD

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 6/9/20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: 27

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 12-26-19

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

For State Use Only

APPROVED BY: Kerry Saxon TITLE CO DATE 12-26-19

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 30-025-07520
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 221

7. Surface Location

UL - Lot F	Section 32	Township 18-S	Range 38-E	Feet from 1650	N/S Line NORTH	Feet From 2310	E/W Line WEST	County LEA
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Well Status

Well Status <i>T/A</i>	SHUT-IN <i>YES</i>	PRODUCING <i>OIL</i>	DATE <i>12-9-19</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	0	0		0	<i>NONE</i>
Flow Characteristics			/		
Puff	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N		Y/N	Y/ <input checked="" type="radio"/> N
Steady Flow	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N		Y/N	Y/ <input checked="" type="radio"/> N
Surges	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N		Y/N	Y/ <input checked="" type="radio"/> N
Down to nothing	<input checked="" type="radio"/> Y/ <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y/N		Y/N	<input checked="" type="radio"/> Y/N
Gas or Oil	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N		Y/N	Y/ <input checked="" type="radio"/> N
Water	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/N	Y/ <input checked="" type="radio"/> N	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: *T/A TEST* INJECTING AT THIS TIME WTR, GAS, CO2

HOBBS OCD
 DEC 16 2019
RECEIVED

Signature: 	OIL CONSERVATION DIVISION
Printed name: Justin Saxon	Entered into RBDMS
Title: Well Lead Surveillance	Re-test
E-mail Address: justin_saxon@oxy.com	
Date:	Phone: 575-397-8206
Witness:	

