

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. 30-025-07594 |
| 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 South Hobbs (G/SA) Unit |
| 8. Well Number 58 |
| 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 N : 660 feet from the South line and 1980 feet from the West line
 Section 3 Township 19-S Range 38-E NMPM County Lea

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

HOBBS OCD

DEC 26 2019

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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *√ p.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: <u>T/A</u> | <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: 12/10/2019
 Pressure readings: Initial 610 PSI Ending - 580 PSI
 Length of test: 32
 Witnessed: Yes - Gary Robinson - NMOCD

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 6-10-20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: *JCF*

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

APPROVED BY: *Kerry Fother* TITLE CO A 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 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 |
|---------------|--------------|------------------|---------------|------------------|-------------------|-------------------|------------------|---------------|

Well Status

| | | | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|
| TA'D Well <input checked="" type="radio"/> Yes <input type="radio"/> No | SHUT-IN <input type="radio"/> Yes <input checked="" type="radio"/> No | INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD | PRODUCING <input type="radio"/> OIL <input type="radio"/> GAS | DATE 12-10-19 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

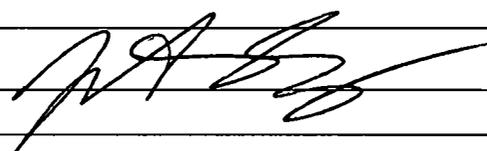
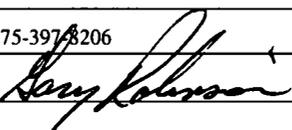
If bradenhead flowed water, check all of the descriptions that apply:

| | (A)Surf-Interm | (B)Interm(1)-Interm(2) | (C)Interm-Prod | (D)Prod Csgng | (E)Tubing |
|-----------------------------|-----------------|------------------------|-----------------|-----------------|----------------|
| Pressure | 0 | 0 | 0 | 0 | <i>None</i> |
| Flow Characteristics | | | | | |
| Puff | Y/ N | Y/ N | Y/ N | Y/ N | CO2 ___ |
| Steady Flow | Y/ N | Y/ N | Y/ N | Y/ N | WTR ___ |
| Surges | Y/ N | Y/ N | Y/ N | Y/ N | GAS ___ |
| Down to nothing | Y /N | Y /N | Y /N | Y /N | Type of Fluid |
| Gas or Oil | Y/ N | Y/ N | Y/ N | Y/ N | Injected for |
| Water | Y/ N | Y/ N | Y/ N | Y/ N | Water Flood if |
| | | | | | applies |

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

*T/A
TEST*

**HOBBS OCD
 DEC 16 2019
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| | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Signature:  | OIL CONSERVATION DIVISION |
| Printed name: JUSTIN SAXON | Entered into RBDMS  |
| Title: WELL SURVEILLANCE LEAD | Re-test |
| E-mail Address: Justin_Saxon@oxy.com | |
| Date: | |
| Phone: 575-3978206 | |
| Witness:  | |

