

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. 30-025-26368
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 State HF COM
8. Well Number 1
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 Temporarily Abandoned

2. Name of Operator  
Occidental Permian, Ltd

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

4. Well Location  
 Unit Letter P : 610 feet from the South line and 610 feet from the East line  
 Section 33 Township 18-S Range 38-E NMPM County

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

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 request <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 04/2/20  
 Pressure readings initial 580 ending 580  
 length of test 60 minutes  
 Witnessed - NO

**FINAL TA STATUS- EXTENSION**  
 Approval of TA EXPIRES: 5-1-23  
 Well needs to be PLUGGED OR RETURNED  
 to PRODUCTION  
 BY THE DATE STATED ABOVE: [Signature]

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 Justin Saxon TITLE Well Surveillance Lead DATE 04-14-2020

Type or print name Justin Saxon E-mail address: justin\_saxon@oxy.com PHONE: 575-397-8206  
**For State Use Only**

APPROVED BY: Kerry Inte TITLE COA DATE 5-21-20  
 Conditions of Approval (if any):

District I  
 1625 N. French Dr., Hobbs, NM 88241  
 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 OCCIDENTAL PERMIAN, LTD	API Number 30-025-26368
Property Name STATE HF COM	Well No. 1

**7. Surface Location**

UL - Lot P	Section 33	Township 18-S	Range 38-E	Feet from 610	N/S Line SOUTH	Feet From 610	E/W Line EAST	County LEA
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**Well Status**

TA'D Well <input checked="" type="radio"/> Yes <input type="radio"/> No	SHUT-IN <input checked="" type="radio"/> Yes <input type="radio"/> No	INJECTOR <input checked="" type="radio"/> INU	SWD	OIL	PRODUCING GAS	DATE 4-3-2010
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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 Casing	(E) Tubing
Pressure					
<b>Flow Characteristics</b>					
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 Injected for Water Flood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

THA

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Justin Saxon</i>	Entered into RBDMS
Title: <i>Company Man</i>	Re-test
E-mail Address: <i>Justin.Saxon@oxy.com</i>	<i>[Signature]</i>
Date:	
Phone: 575-397-8206	
Witness:	

