

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. 30-025-26647
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 Byers B
8. Well Number 35
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 H : 2030 feet from the North line and 626 feet from the East line
Section 4 Township 19-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

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 request <input 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 04/3/2020
 pressure readings initial 580 endings 580
 Length of test 60minutes
 Witnessed -No

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 7/1/25
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: KF

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: Kary Fal TITLE CO A DATE 5-22-20
 Conditions of Approval (if any):

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 OCCIDENTAL PERMIAN, LTD	API Number 30-025-26647
Property Name BYERS "B"	Well No. 35

Surface Location

UL - Lot H	Section 4	Township 19-S	Range 38-E	Feet from 2030	N/S Line NORTH	Feet From 626	E/W Line EAST	County LEA
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Well Status

<input checked="" type="radio"/> TA'D Well	No	<input checked="" type="radio"/> SHUT-IN	No	<input checked="" type="radio"/> INJECTOR	SWD	OIL	PRODUCING	GAS	DATE 4-3-2000
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

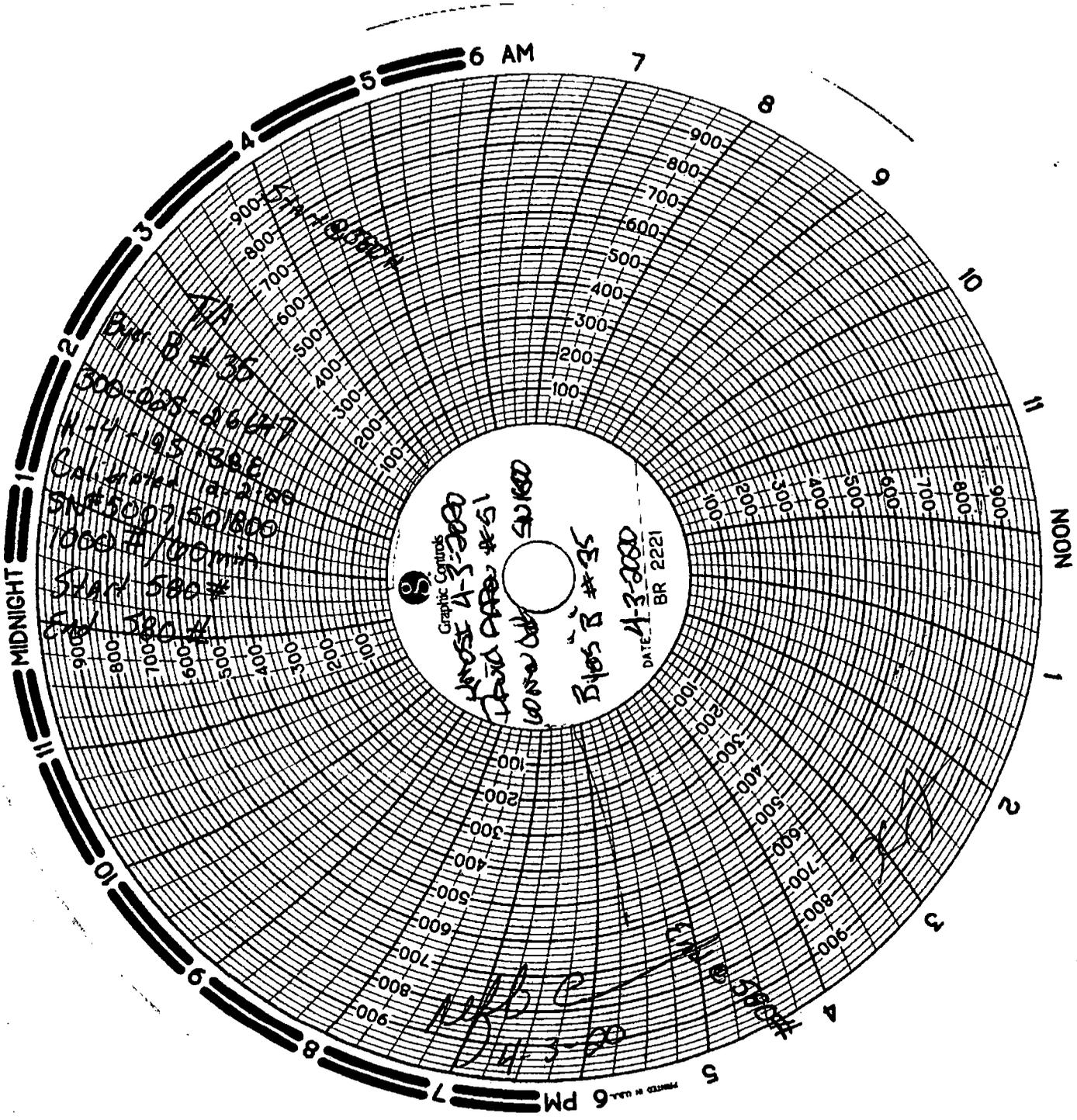
If bradenhead flowed water, check all of the descriptions that apply:

	(A) Surf-Interm	(B) Interm(1)-Interm(2)	(C) Interm-Prod	(D) Prod Csmg	(E) Tubing
Pressure					
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.

THA

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>JUSTIN SAXON</i> <i>Alfredo Ceniceros</i>	Entered into RBDMS
Title: <i>WELL SURVEILLANCE LEAD</i> <i>Company Man</i>	Re-test <i>KA</i>
E-mail Address: <i>Justin_Saxon@oxy.com</i>	
Date:	Phone: 575-397-8206
	Witness:



MIDNIGHT

NOON

6 AM

7 8 9 10 11



Graphic Controls
 HOUSE 4-3-2000
 TPAID APPR #51
 WASH DC 501K00

5405 B #35

DATE 4-3-2000
 BR 2221

Handwritten signature and notes on the grid.

Handwritten notes on the grid.

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