

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.	30-025-07567
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 Unit (G/SA) Unit
8. Well Number	341
9. OGRID Number	157984
10. Pool name or Wildcat	Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

**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 \_\_\_\_\_ : 1320 feet from the SOUTH line and 2310 feet from the EAST line  
 Section 34 Township 18S Range 38E NMPM County

**HOBBS OCD**  
**RECEIVED**  
 MAY 29 2020

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: <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 5-19-2020  
 PRESSRE TEST START 600PSI END 600PSI  
 LENGTH OF TEST 60 MINUTES  
 WITNESSED NO

**FINAL TA STATUS- EXTENSION**  
 Approval of TA EXPIRES: 7/1/21  
 Well needs to be PLUGGED OR RETURNED  
 to PRODUCTION  
 BY THE DATE STATED ABOVE: KF

Spud 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 \_\_\_\_\_

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

APPROVED BY: Kerry Int TITLE C O A DATE 5-29-20  
 Conditions of Approval (if any):

District I  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone: (575) 763-6161 Fax: (575) 393-0720

# HOBBS OCD

MAY 29 2020

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Oil Conservation Division Hobbs District Office **RECEIVED**

## BRADENHEAD TEST REPORT

Operator Name <b>OCCIDENTAL PERMIAN LTD</b>	API Number <b>30-025-07567</b>
Property Name <b>NORTH HOBBS G/SA UNIT</b>	Well No. <b>#341</b>

### Surface Location

UL -Lot	Section	Township	Range	Feet From	N/S Line	Feet From	E/W Line	County
	34	18S	38E	1320	S	2310	E	

### Well Status

TA'D Well <input checked="" type="checkbox"/> Yes	SHUT-IN No	INJECTOR INJ	PRODUCING OIL	DATE <b>5-19-2020</b>
	Yes <input checked="" type="checkbox"/>	SWD	GAS	

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-Interm(2)	(C) Interm-Prod	(D) Prod Csgng	(E) Tubing
Pressure					
<b>Flow Characteristics</b>					
Puff	Y <input checked="" type="checkbox"/>	CO <sub>2</sub> _____			
Steady Flow	Y <input checked="" type="checkbox"/>	WTR _____			
Surges	Y <input checked="" type="checkbox"/>	GAS _____			
Down to nothing	<input checked="" type="checkbox"/> N	Type of Fluid _____			
Gas or Oil	Y <input checked="" type="checkbox"/>	Injected for _____			
Water	Y <input checked="" type="checkbox"/>	Water Flood if applies _____			

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

7/3

*Justin Saxon* # 701 690 7053

Signature:	OIL CONSERVATION DIVISION
Printed name: <b>JUSTIN SAXON</b>	Entered into RBDMS
Title: <b>WELL SURVEILLANCE LEAD</b>	Re-test
E-mail Address: <b>Justin.Saxon@oxy.com</b>	<b>27</b>
Date:	
Phone: <b>575-397-8206</b>	
Witness:	

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