

**HOBBS OCD**

**OIL CONSERVATION DIVISION**

FILE IN TRIPLICATE

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.  
Santa Fe, NM 87505

DISTRICT II  
1301 W. Grand Ave, Artesia, NM 88211

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

**MAY 16 2016**  
**RECEIVED**

WELL API NO. 30-025-07564
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 33
8. Well No. 211
9. OGRID No. 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  Injector

2. Name of Operator  
Occidental Permian Ltd.

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
Unit Letter C : 330 Feet From The North 2310 Feet From The West Line  
Section 33 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3647' GR

Pit or Below-grade Tank Application  or Closure   
Pit Type \_\_\_\_\_ Depth of Ground Water \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Casing Integrity Test</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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Date of test: 04/20/2016

Pressure readings: Initial – 580 PSI Ending – 580 PSI

Length of test: 30 minutes

Witnessed: YES – Kristal Heady w/NMOCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan  KH

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 05/11/2016

TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY Bill Samanah TITLE Staff Manager DATE 5-20-16

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 <b>OCCIDENTAL PERMIAN, LTD</b>	API Number <b>30-025-07564</b>
Property Name <b>NORTH HOBBS (G/SA) UNIT</b>	Well No. <b>211</b>

**7. Surface Location**

UL - Lot <b>C</b>	Section <b>33</b>	Township <b>18-S</b>	Range <b>38-E</b>	Feet from <b>330</b>	N/S Line <b>NORTH</b>	Feet From <b>2310</b>	E/W Line <b>WEST</b>	County <b>LEA</b>
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**Well Status**

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <b>3/30/16</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csnrg	(E)Tubing
Pressure	$\ominus$	$\ominus$	$\ominus$	<b>150</b>	<b>946</b>
<b>Flow Characteristics</b>					
Puff	Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>			
Surges	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>			
Down to nothing	<input checked="" type="radio"/> Y / N	Type of Fluid			
Gas or Oil	Y / <input checked="" type="radio"/> N	Injected for			
Water	Y / <input checked="" type="radio"/> N	Waterflood if applies			

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

*(B) puff down to zero in less than 3 sec.  
 (C) puff down to zero in less than 3 sec.  
 (D) puff down to zero in less than 5 sec*

**HOBBS OCD**

**MAY 16 2016**

**RECEIVED**

*BS 5.25.16*

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS <i>BS</i>
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: <b>5/11/2016</b>	Phone: 806-592-6280
Witness:	