

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 87404  
 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

HOBBES OCD  
 RECEIVED  
 APR 13 2019

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-44309
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 294
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3618' GI

**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  
PO Box 4294 Houston, TX 77210

4. Well Location  
 Unit Letter O : 341 feet from the S line and 2308 feet from the E line  
 Section 6 Township 19S Range 38E NMPM County Lea

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: TA <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.

7/8/19: MIRU x NDWH x NUBOP. POOH 130 jts 2 7/8" tbg x esp equipment.  
 7/9/19: RIH 7" CIBP @ 4350' x dumped 30' cmt on top. RIH x tagged TOC @4324'. *Jp*  
 7/10/19: Ran MIT - Chart attached. RD x NDBOP x NUWH.  
 \*\*\* Well is currently TA'd\*\*\*

**FINAL TA STATUS- EXTENSION**  
 Approval of TA EXPIRES: 8-1-23  
 Well needs to be PLUGGED OR RETURNED  
 to PRODUCTION  
 BY THE DATE STATED ABOVE: 267

Spud Date: 7/8/19

Rig Release Date: 11/19/19

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *April Hood* TITLE Regulatory Specialist DATE 09/12/2019

Type or print name April Hood E-mail address: April\_Hood@Oxy.com PHONE: 713-366-5771

**For State Use Only**  
 APPROVED BY: *Kenny Forte* TITLE C. O. A DATE 9-20-19  
 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 <b>Occidental Permian LTD</b>	API Number <b>30025 44309</b>
Property Name <b>South Hobbs</b>	Well No. <b>294</b>

**1. Surface Location**

UL - Lot <b>0</b>	Section <b>6</b>	Township <b>19S</b>	Range <b>38E</b>	Feet from	N/S Line	Feet From	E/W Line	County <b>Lea</b>
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**Well Status**

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJECTOR <input checked="" type="checkbox"/> INJ	SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	DATE <b>7-10-19</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<b>0 psi.</b>			<b>0 psi.</b>	<b>0 psi.</b>
<b>Flow Characteristics</b>					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> 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.

Rev. Unit  
 DC meter chart  
 #12  
 serial# 1000  
 start 570 psi.  
 End 560 psi.

Signature: <b>Armando Ontiveros</b>	OIL CONSERVATION DIVISION
Printed name: <b>Armando Ontiveros</b>	Entered into RBDMS
Title: <b>Reverse unit Operator</b>	Re-test
E-mail Address:	<b>X F</b>
Date: <b>7-10-19</b>	Phone: <b>806 332 4837</b>
Witness: <b>Jose Tarz</b>	

INSTRUCTIONS ON BACK OF THIS FORM