

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. 30-025-07520
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 Unit (G/SA) Unit
8. Well Number 221
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 F : 1650 feet from the North line and 2310 feet from the West line Section 32 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

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 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 04/1/2020
Pressure readings initial 590 ending 580
Length of test 60 minutes
Witnessed - No

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: 4/1/21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: XZ

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 Saxon TITLE COA 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 30-025-07430
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 221

7. Surface Location

UL - Lot F	Section 29	Township 18-S	Range 38-E		Feet from 2310	N/S Line NORTH	Feet From 1650	E/W Line WEST	County LEA
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Well Status

<input checked="" type="radio"/> TA'D Well	<input type="radio"/> No	<input checked="" type="radio"/> SHUT-IN	<input type="radio"/> No	<input checked="" type="radio"/> INJECTOR	<input type="radio"/> SWD	<input type="radio"/> OIL	<input type="radio"/> PRODUCING	<input type="radio"/> GAS	DATE 4-1-2000
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH


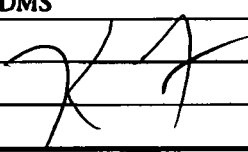
OBSERVED DATA

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

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

T/A

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

