

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1282

811 S. First St., Aztec, NM 87401

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87401

District IV - (505) 476-3000

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. 30-025-43842
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
8. Well Number 658
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg - San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3675' GL

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  
PO Box 4294 Houston, TX 77210

4. Well Location  
Unit Letter B : 160 feet from the N line and 2199 feet from the E line  
Section 24 Township 18S Range 37E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☐

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.

MIRU x NDWH x NUBOP.  
POOH on/off tool x PKR x 132 jts tbg.  
RIH 7" CIBP @ 4512'. x dump 5' cmt on CIBP.  
RIH w/ 132 jts tbg @ 4305' x PKR @ 4316' x on/off tool.  
Ran MIT - Chart Attached.  
RD x NDBOP x NUWH.

Spud Date:

04/029/2018

Rig Release Date:

04/19/2018

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 06/14/2018

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

For State Use Only

APPROVED BY: Maley Brown TITLE AO/I DATE 6/21/2018

Conditions of Approval (if any):

RBDMS- CHART ✓

**HOBBS OGD**

JUN 20 2018

RECEIVED

DATE 4-19-18  
MCI P 0-1000-8-96MIN

2014-12-12

Graphic Controls LLC  
(6.375 ARC LINE GRAD.)

START

1945

ST Mor Kou  
Ode Idental Pa  
TH HAN

[illegible]

B 24 185 375  
#125

1000# 60m 111  
STACT 560#

END 32 M.M. 560#

~~8/2/21~~

16 MIN

8  
NIN

MIN 88

NIW 08

24 MIN

32 MIN

40 MIN

48 MIN

64 MIN

56 MIN

**State of New Mexico**  
**Energy, Minerals and Natural Resources Department**  
**Oil Conservation Division Hobbs District Office**

**BRADENHEAD TEST REPORT**

<b>OCCIDENTAL PERMIAN, LTD</b>		Operator Name	API Number <b>30-025-43842-0000</b>
Property Name <b>NORTH HOBBS G/SA UNIT</b>		Well No. <b>658</b>	

**7. Surface Location**

UL - Lot <b>B</b>	Section <b>24</b>	Township <b>18-S</b>	Range <b>37-E</b>		Feet from <b>160</b>	N/S Line <b>N</b>	Feet From <b>2199</b>	E/W Line <b>E</b>	County <b>LEA</b>
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**Well Status**

TA'D Well <b>YES</b> <u>NO</u>	SHUT-IN <u>YES</u> <b>NO</b>	INJECTOR <u>INJ</u> <b>SWD</b>	PRODUCER <b>OIL</b> <b>GAS</b>	DATE <b>4/19/18</b>
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**OBSERVED DATA**

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>—</u>	<u>—</u>	<u>0</u>	<u>0</u>
Flow Characteristics					
Puff	<u>0</u> / N	Y / N	Y / N	Y / <u>0</u>	CO2 _____
Steady Flow	Y / <u>0</u>	Y / N	Y / N	Y / <u>0</u>	WTR _____
Surges	Y / <u>0</u>	Y / N	Y / N	Y / <u>0</u>	GAS _____
Down to nothing	<u>0</u> / N	Y / N	Y / N	<u>0</u> / N	If applicable type
Gas or Oil	Y / <u>0</u>	Y / N	Y / N	Y / <u>0</u>	fluid injected for
Water	Y / <u>0</u>	Y / N	Y / N	Y / <u>0</u>	Waterflood

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

Post Workover Test  
moved pkr set at 4316

Signature:		<b>OIL CONSERVATION DIVISION</b>
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <b>4/19/18</b>	Phone:	
Witness: <b>KERRY FORTNER-OCD 575-399-3221</b>		