

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 87418  
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.  
30-025-28977

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
19552

7. Lease Name or Unit Agreement Name

South Hobbs G/SA Unit

8. Well Number 179

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 ☒ 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 F : 1488 feet from the N line and 2490 feet from the W line

Section 5 Township 19S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3622' GR

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: TA ☐

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.

8/5/19: MIRU x NDWH x NUBOP. POOH 122 jts 2 7/8" tbg x esp equipment. RIH 5 1/2" CICR @ 3988'.

8/6/19: Pumped 75 bbls cmt w/ 68 bbls into formation x squeezed off at 1500 psi.

Dumped 5 bbls on top of CICR x reversed out w/ 40 bbls BW.

8/7/19: Ran MIT - CI

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 2/1/24

Well needs to be PLUGGED OR RETURNED  
to PRODUCTION

BY THE DATE STATED ABOVE: XZ

Spud Date:

8/5/19

Rig Release Date:

8/7/19

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:

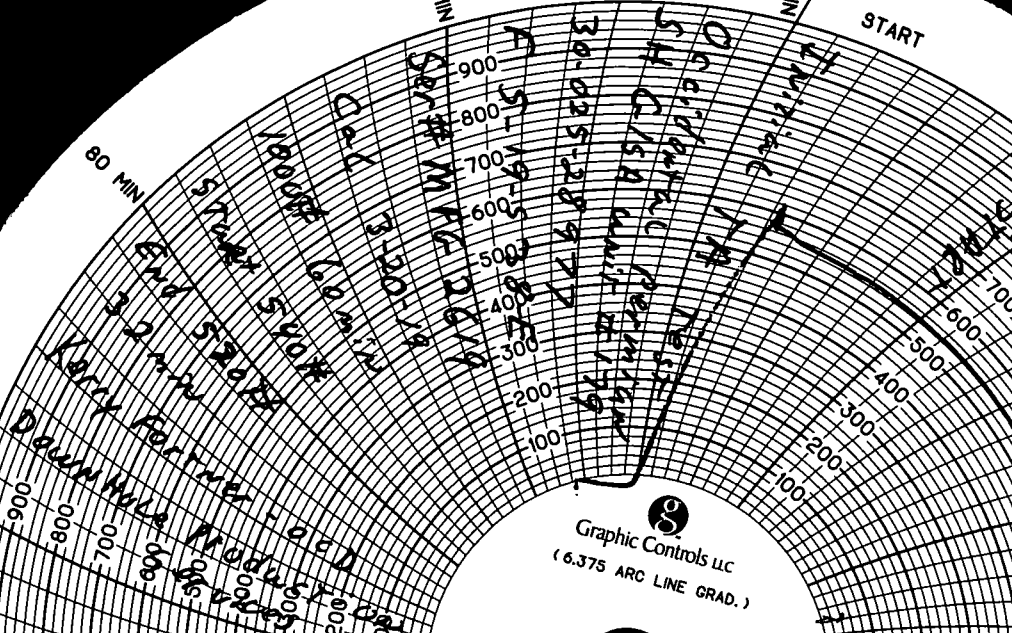
Kenny Fortner

TITLE C. O.

A

DATE 9-20-19

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>30-025-28977</b>
Property Name <b>South Hobbs G/sa Unit</b>		Well No. <b>179</b>

1. Surface Location

UL - Lot <b>F</b>	Section <b>5</b>	Township <b>19-S</b>	Range <b>38-E</b>	Feet from <b>1488</b>	N/S Line <b>N</b>	Feet From <b>2490</b>	E/W Line <b>W</b>	County <b>Lea</b>
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Well Status

<input checked="" type="checkbox"/> YES SA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES SHUT-IN	<input type="checkbox"/> NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL PRODUCER	GAS	DATE <b>8-7-19</b>
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OBSERVED DATA

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

**INITIAL TA STATUS TEST**  
**Production Downhole Services**  
**Ser#MF G2619**  
**cul 3/20/19**

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		<b>XZ</b>
Date:	Phone:	
Witness: <b>Kerry Fortner - OCO</b>		

**399-3221**

INSTRUCTIONS ON BACK OF THIS FORM