

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

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

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-42593
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian LTD		6. State Oil & Gas Lease No. 19552
3. Address of Operator PO Box 4294 Houston, TX 77210		7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
4. Well Location Unit Letter L : 2400 feet from the S line and 681 feet from the W line Section 4 Township 19S Range 38E NMPM County Lea		8. Well Number 252
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625' KB		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs; (G/SA)

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 checked="" 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: <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.

3/20/19: MIRU x NDWH x NUBOP. 3/21/19 - 3/25/19: POOH 157 jts 2 7/8" tbg x 7" inj equipment.  
Assess pkr failure. 3/26/19: RIH 7" injection packer @ 5123' x 156 jts 2 7/8" tbg x 7" lock set @ 5062'.  
Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

3/20/19

Rig Release Date:

3/26/19

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 09/30/2019

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

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE C.O. DATE 10-10-19

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>30-025-42593-0000</b>
Property Name <b>South Hobbs G/SA Unit</b>	Well No. <b>252</b>

2. Surface Location

UL - Lot <b>L</b>	Section <b>4</b>	Township <b>19-S</b>	Range <b>38-E</b>	Feet from <b>2400</b>	N/S Line <b>S</b>	Feet from <b>681</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

TA'D WELL <b>YES</b>	<b>(NO)</b>	SHUT-IN <b>YES</b>	<b>NO</b>	INJECTOR <b>(INJ)</b>	SWD	PRODUCER <b>OIL</b>	GAS	DATE <b>3/23/19</b>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<b>0</b>	<b>—</b>	<b>—</b>	<b>0</b>	<b>0</b>
Flow Characteristics					<b>Not Inj.</b>
Puff	<b>(Y) / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>CO2 —</b>
Steady Flow	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	<b>WTR —</b>
Surges	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	<b>GAS —</b>
Down to nothing	<b>(Y) / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>(Y) / N</b>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	
Water	<b>Y / (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / (N)</b>	

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

Rev. unit. PPS  
Serial # 12512  
cal. date. 1-18-19  
start 560 Finish. 540

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM