

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

WELL API NO. 30-025-43606
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 667
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg - San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3629' KB

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 <input type="checkbox"/> Injector	
2. Name of Operator Occidental Permian LTD	
3. Address of Operator PO Box 4294 Houston, TX 77210	
4. Well Location Unit Letter C : 842 feet from the N line and 1858 feet from the W line Section 24 Township 18S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3629' KB	

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.

MIRU x NDWH x NUBOP.  
POOH tbq x pkr.  
RIH 7" CIBP @ 4538'  
Perf'd 4451' - 4492'.  
Pumped 1400 gals 15% NEFE acid.  
RIH on/off tool x pkr 4400' @ x 135 jts tbq @ 4392'.  
Ran MIT chart - Chart attached.  
RD x NDBOP X NUWH.

Spud Date:

02/12/2018

Rig Release Date:

02/16/2018

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 03/21/2018

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

For State Use Only

APPROVED BY: Makay Brown TITLE AO/II DATE 4/3/2018

Conditions of Approval (if any):

RBDMS - CHART - ✓



PRINTED IN U.S.A.

Graphic Controls LLC  
(6.375 ARC LINE GRAD.)

DATE 2-15-18  
MCI P 0-1000-8-96MIN

HOBBS OCD

MAR 29 2018

RE

Start

Post Workout

Ox4

N. Hobbs G/SA #667

30-025-43606-00-00

C-24-18s-37E

cal date 11-20-17

Ser. # Dec-25

1000 #

60 min

Start

End

540 #

520 #

32 min

Harry Robinson - OCB  
Hector - Rev. Unit  
Pulver

End



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

HOBBS O  
MAR 29 2018  
RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>OXY</b>		API Number <b>30-025-43606</b>	
Property Name <b>N. Hobbs G/SA</b>		Well No. <b>#667</b>	

7. Surface Location

UL - Lot <b>C</b>	Section <b>24</b>	Township <b>18S</b>	Range <b>37E</b>	Feet from <b>842</b>	N/S Line <b>N</b>	Feet From <b>1858</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

YES	TA'D WELL <b>NO</b>	YES	SHUT-IN <b>NO</b>	<b>INJ</b>	INJECTOR SWD	OIL	PRODUCER GAS	DATE <b>2-15-18</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>N/A</b>	<b>N/A</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	CO2 —
Steady Flow	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	WTR —
Surges	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	GAS —
Down to nothing	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	Type of Fluid
Gas or Oil	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	Injected for
Water	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y / N</b>	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.

**Post Workover**

**OPERATOR COPY**

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

**575-399-3220**

INSTRUCTIONS ON BACK OF THIS FORM