

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. 30-025-05478
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 422
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg - San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3673' 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 H : 2310 feet from the N line and 330 feet from the E line Section 24 Township 18S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3673' 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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 122 jts x injection equipment.
RIH 5 1/2" test PKR @ 3950'. Test Csg 550psi, ok.
Test injection PKR 1200psi x leaked 10 Opsi in 15mins.
Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi, ok.
RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.
NDBOP x NUWH.

Spud Date:

04/02/2018

Rig Release Date:

04/06/2018

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 04/24/2018

Type or print name April Hood

E-mail address: April_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

Mary S Brown

TITLE

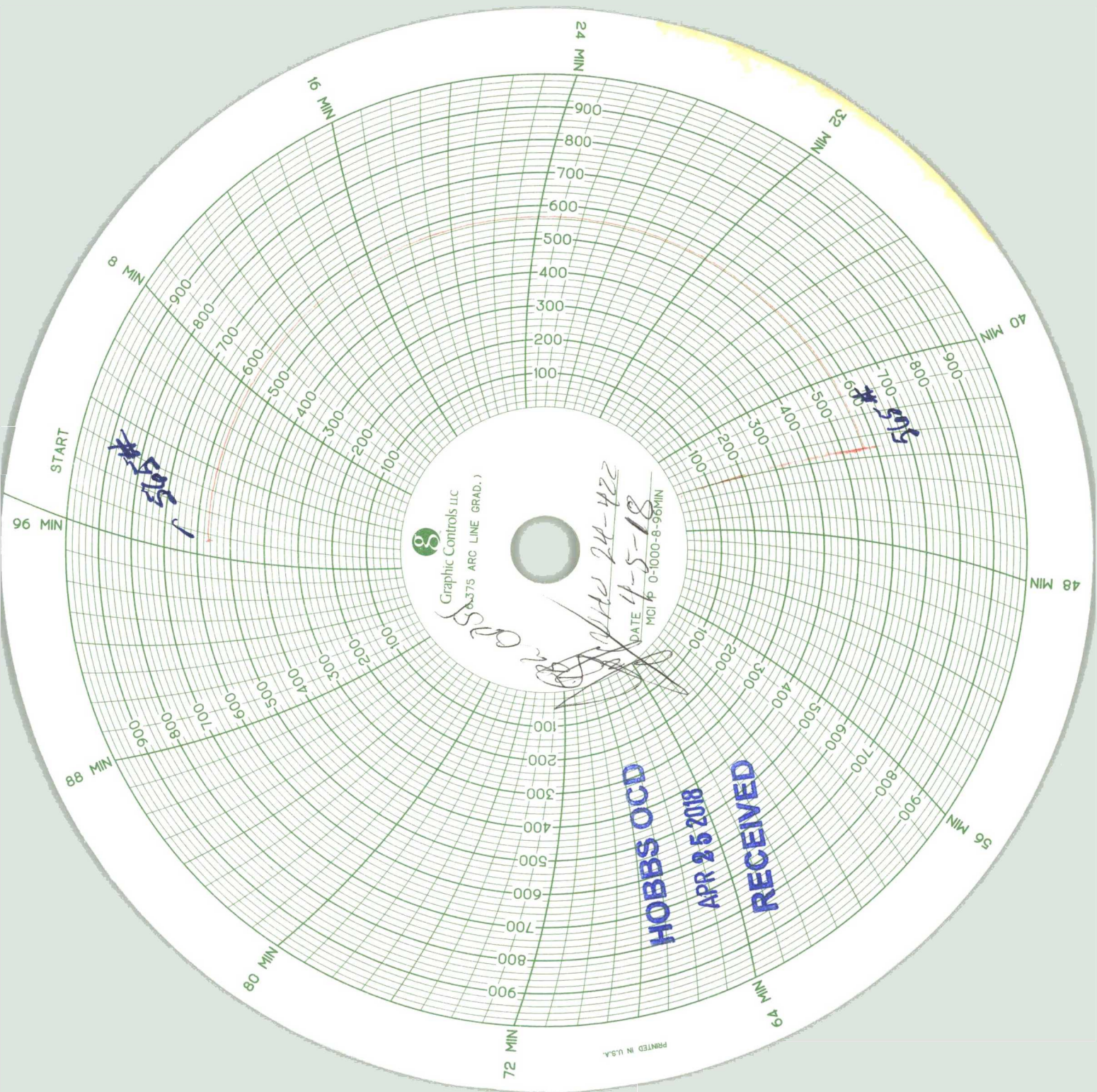
AO/II

DATE

5/3/2018

Conditions of Approval (if any):

RBDMS-CHART-✓



Graphic Controls LLC
0.375 ARG LINE GRAD. 1



DATE 4-5-18
MCI P 0-1000-8-96MIN

HOBBS OCD
APR 25 2018
RECEIVED

505

515

PRINTED IN U.S.A.