

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>HOBBS OCD</b> <b>JUN 11 2018</b> <b>RECEIVED</b>		WELL API NO. 30-025-27169
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
4. Well Location Unit Letter <u>G</u> : <u>1385</u> feet from the <u>North</u> line and <u>1820</u> feet from the <u>East</u> line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well Number <u>322G</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3648' KB		9. OGRID Number <u>157984</u>
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:

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: Casing integrity test ☒

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.

Date of test: 05/21/2018

Pressure readings: Initial - 560 PSI Ending - 550 PSI

Length of test: 32 minutes

Witnessed: Yes - Gary Robinson - OCD

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Admin. Associate

DATE 06/06/2018

Type or print name Mendy A. Johnson

E-mail address: mendy\_johnson@oxy.com

PHONE: 806-592-6280

For State Use Only

APPROVED BY:

TITLE

Compliance Officer A

DATE

6-15-18

Conditions of Approval (if any):



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

HOBBS OCD

JUN 11 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-27169
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 322G

7. Surface Location

UL - Lot G	Section 33	Township 18-S	Range 38-E	Feet from 1385	N/S Line NORTH	Feet From 1820	E/W Line EAST	County LEA
---------------	---------------	------------------	---------------	-------------------	-------------------	-------------------	------------------	---------------

Well Status

Well Status <b>ACTIVE</b>	SHUT-IN <b>No</b>	PRODUCING <b>INJ</b>	DATE <b>5-21-18</b>	<b>Water Flood Injection</b>
------------------------------	----------------------	-------------------------	------------------------	------------------------------

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	No Gauge
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Down to nothing	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
-------	-------	-------	--------	-------

Remarks:

INJECTING AT THIS TIME \_\_\_ WTR, \_\_\_ GAS, \_\_\_ CO2

Signature: <b>Mendy Johnson</b>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: <b>6/6/2018</b>	
Phone: 806-592-6280	
Witness: <b>Guy Robinson</b>	

# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240  
505-395-1016

THIS IS TO CERTIFY THAT:

DATE: 2-23-18

I, Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD  
SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING  
INSTRUMENT. 1000 PRESSURE RECORDER

SERIAL NUMBER

1003

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>110</u>	<u>✓</u>
<u>110</u>	<u>200</u>	<u>✓</u>
<u>200</u>	<u>300</u>	<u>✓</u>
<u>300</u>	<u>400</u>	<u>✓</u>
<u>400</u>	<u>500</u>	<u>✓</u>

PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECT
<u>500</u>	<u>600</u>	<u>✓</u>
<u>600</u>	<u>700</u>	<u>✓</u>
<u>700</u>	<u>800</u>	<u>✓</u>
<u>800</u>	<u>900</u>	<u>✓</u>
<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS:

SIGNED:

Albert Rodriguez