

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1188

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

WELL API NO.

30-025-28355

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Hobbs (G/SA) Unit

8. Well Number 152

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 Injector ☒

2. Name of Operator  
Occidental Permian, Ltd

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
Unit Letter A : 623 feet from the North line and 632 feet from the East line  
Section 9 Township 19-S Range 38-E NMPM Lea County Lea

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

3622' KB

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: 09/28/2018

Pressure readings: Initial - 540 PSI Ending - 510 PSI

Length of test: 32 minutes

Witnessed: Yes - Gary Robinson - NMOCD

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

*Mendy A. Johnson*

TITLE Admin. Associate

DATE 10/15/2018

Type or print name Mendy A. Johnson

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

PHONE: 806-592-6280

For State Use Only

APPROVED BY:

*Mary L. Brown*

TITLE

*AO/I*

DATE

*10/22/2018*

Conditions of Approval (if any):

RBDMS - CHART - ✓

DATE 9-28-18  
BR 2221

Graphic Controls

3

Start

VIC TEST

D14 Permian

S. Hobbs #152

30-025-28555-00-00

9-19-18

cal date 9-26-18

Den #95001

32 min

Start 540 #

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HOBBS

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Day of Mackinac

OCT 22 2018

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-28355
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 152

7. Surface Location

UL - Lot A	Section 9	Township 19-S	Range 38-E	Feet from 623	N/S Line NORTH	Feet From 632	E/W Line EAST	County LEA
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Well Status

Well Status <b>ACTIVE</b>	SHUT-IN <b>No</b>	PRODUCING <b>INT</b>	DATE <b>9-28-18</b>	<i>Actual flow water flow injector</i>
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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	1077
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:	INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2
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Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date: 10/15/18	Phone: 806-592-6280
Witness: <i>Harry Robinson</i>	

# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 83240  
505-395-1016

THIS IS TO CERTIFY THAT:

DATE 2-25-18

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

SERIAL NUMBER

95001

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>100</u>	<u>✓</u>
<u>100</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 Padilla