

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

HOBS OCD OCT 29 2018 RECEIVED		OIL CONSERVATION DIVISION 220 South St. Francis Dr. Santa Fe, NM 87505	
SUNDRY NOTICE 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.)		WELL API NO. 30-025-43104	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u> <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
2. Name of Operator <u>Occidental Permian, Ltd</u>		6. State Oil & Gas Lease No.	
3. Address of Operator <u>HCR 1 Box 90 Denver City, TX 79323</u>		7. Lease Name or Unit Agreement Name <u>South Hobbs (G/SA) Unit</u>	
4. Well Location Unit Letter <u>D</u> : <u>165</u> feet from the <u>North</u> line and <u>667</u> feet from the <u>West</u> line Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well Number <u>267</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3600' GR</u>		9. OGRID Number <u>157984</u>	
		10. Pool name or Wildcat <u>Hobbs (G/SA)</u>	

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: 10/17/2018
Pressure readings: Initial - 600 PSI Ending - 590 PSI
Length of test: 30 minutes
Witnessed: Yes - Kerry Fortner - 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 10/23/2018

Type or print name Mendy A. Johnson

E-mail address: mendy_johnson@oxy.com

PHONE: 806-592-6280

For State Use Only

APPROVED BY:

Gregory Bower

TITLE Compliance Supervisor

DATE 11/16/18

Conditions of Approval (if any):

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 30-025-43104
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 267

7. Surface Location

UL - Lot D	Section 9	Township 19-S	Range 38-E	Feet from 165	N/S Line NORTH	Feet From 667	E/W Line WEST	County LEA
---------------	--------------	------------------	---------------	------------------	-------------------	------------------	------------------	---------------

Well Status

Well Status	SHUT-IN N	PRODUCING INT	DATE 10-17-18	WPG Inspector
-------------	--------------	------------------	------------------	---------------

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			0	1100
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	
Steady Flow	Y/0	Y/N	Y/N	Y/0	
Surges	Y/0	Y/N	Y/N	Y/0	
Down to nothing	Y/N	Y/N	Y/N	Y/N	
Gas or Oil	Y/0	Y/N	Y/N	Y/0	
Water	Y/0	Y/N	Y/N	Y/0	

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

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

Remarks:

INJECTING AT THIS TIME WTR, GAS, CO2

T36 psi Sour CO2 1600 #
Water 1100 #

MIT / BHT
(JA) MacLachlan
Ser # 0733
Cal 9/25/18

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@oxv.com	
Date: 10/23/18	Phone: 806-592-6280
Witness: Kerry Fortner - ocd	

399-3221

MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, NM 88240

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>120</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