

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.

30-025-07652

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 61

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 Temporarily Abandoned

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 : 330 feet from the North line and 330 feet from the East line

Section 8 Township 19-S Range 38-E NMPM Lea County

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

3598' GL

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/TA status extension request ☒

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: 12/14/2018

Pressure readings: Initial - 560 PSI Ending - 560 PSI

Length of test: 32 minutes

Witnessed: Yes - Gary Robinson - NMOCD

This Approval of Temporary
Abandonment Expires 1/12/2020

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 12/20/2018

Type or print name Mendy A. Johnson

E-mail address: mendy_johnson@oxy.com

PHONE: 806-592-6280

For State Use Only

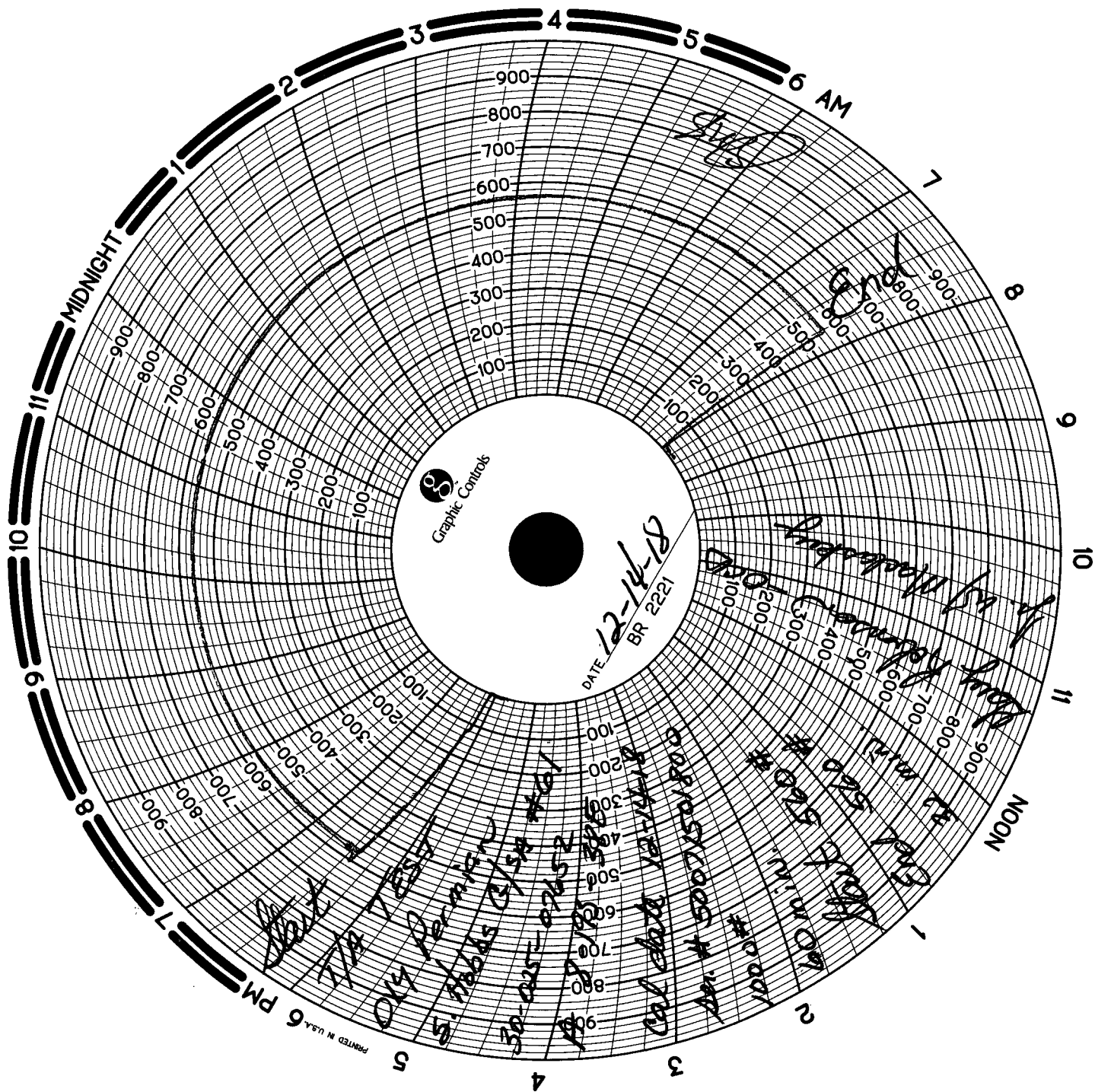
APPROVED BY:

Gary Robinson

TITLE Compliance Supervisor

DATE 12/27/18

Conditions of Approval (if any)

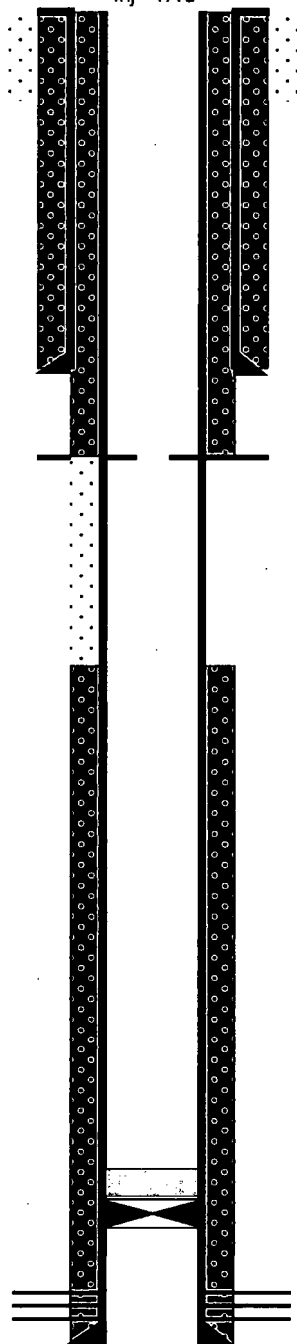


SHU 61

API# 30-025-07652

TWN 19-S; RNG 38-E

Inj - TA'd



Perf @1610', circ. 60 sx to surface

8-5/8" 32# @ 1598'
cmt'd w/300 sxs
TOC @ Surface (Circ.)

Spot 35' on top of CIBP @ 3905'

5-1/2" 14# @ 4195'
cmt'd w/400 sxs
TOC @ 2595' (Calc.)

Plugged Back Perfs: 3992-4182'
OH 4195 - 4220'

PBTD @ 3870'
TD @ 4220'

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

BRADENHEAD TEST REPORT

Operator Name <i>Oxy Permian</i>		API Number <i>30-025-07652-</i>
Property Name <i>S. Hobbs G/SA</i>		Well No. <i>#61</i>

1. Surface Location									
UL - Lot <i>A</i>	Section <i>8</i>	Township <i>19S</i>	Range <i>38E</i>		Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>E</i>	County <i>LEA-</i>

Well Status								DATE			
<input checked="" type="checkbox"/> YES	TA'D WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	<input checked="" type="checkbox"/> INJ	INJECTOR	SWD	OIL	GAS	<i>12-14-18</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>None</i>
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR ___
Surges	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS ___
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

N/A TEST

Signature: <i>Mendy Johnson</i>		OIL CONSERVATION DIVISION	
Printed name: <i>MENDY JOHNSON</i>		Entered into RBDMS	
Title: <i>ADMIN ASST.</i>		Re-test <i>mtb</i>	
E-mail Address: <i>MENDY.JOHNSON@OXY.COM</i>			
Date: <i>12/20/18</i>	Phone:		
Witness: <i>Gay Johnson</i>			

INSTRUCTIONS ON BACK OF THIS FORM