

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) 334-0700

1000 Rio Brazos Rd., Aztec, NM 87401

District IV - (505) 487-3460

1220 S. St. Francis Dr., Santa Fe, NM 87505

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

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.)		WELL API NO. 30-025-44828
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injector <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 P.O. Box 4294 Houston, TX 77210		7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit
4. Well Location Unit Letter <u>C</u> : <u>345</u> feet from the <u>N</u> line and <u>1956</u> feet from the <u>W</u> line Section <u>25</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 676
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3668' GR		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs (GSA)

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: Completion ☒

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.

11/12/18 - perf'd 6 runs @ 4282' - 4526'

11/13/18 - acid job with 9600 gals 15% NEFE

11/14/18 - set 7" PKR @ 4232'

11/14/18 - ran 129 jts. 2 7/8" tubing @ 4221'

11/14/18 - ran MIT - Chart Attached

Spud Date: 11/08/18 (RUPU)

Rig Release Date: 11/14/18 (RDPU)

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 01/09/19

Type or print name April Hood E-mail address: April_Hood@oxy.com PHONE: 713-366-5771

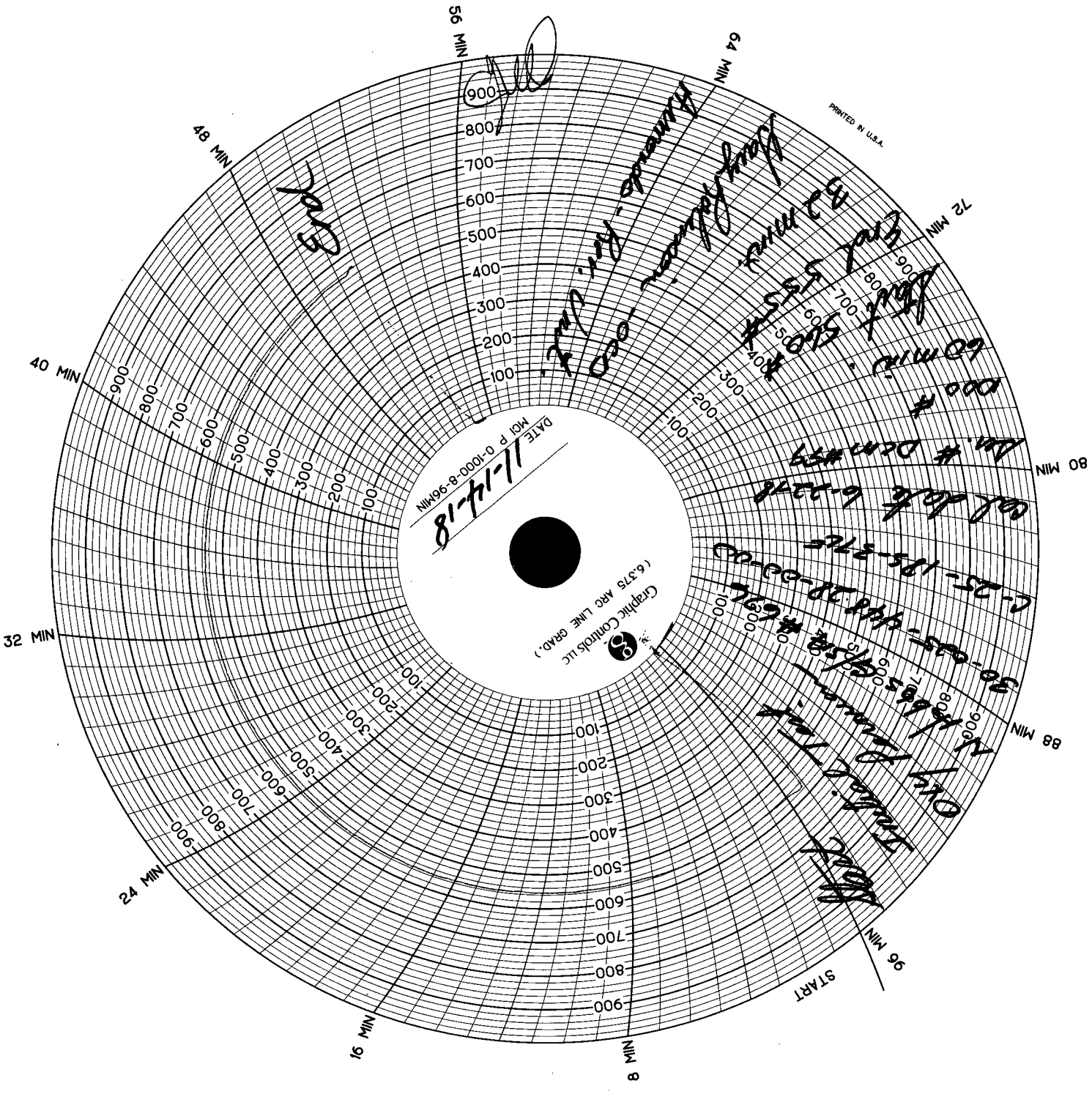
For State Use Only

APPROVED BY: George Sauer TITLE Compliance Supervisor DATE 1/14/2019
Conditions of Approval (if any):

PRINTED IN U.S.A.

DATE 11-14-18
MCI P 0-1000-B-96-M

Graphic Controls LLC
(6.375 ARC LINE GRAD.)



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>30-025-44828</i>
Property Name <i>N. Hobbs G/SA</i>		Well No. <i>#676</i>

2. Surface Location

UL - Lot <i>C</i>	Section <i>25</i>	Township <i>18S</i>	Range <i>37E</i>	Feet from <i>345</i>	N/S Line <i>N</i>	Feet From <i>1956</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ	SWD	OIL PRODUCER GAS	DATE <i>11-14-18</i>
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OBSERVED DATA

	(A) Surface	(B) Intermt(1)	(C) Intermt(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>___</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>___</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>___</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid Injected for water level if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Initial Test

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: <i>Lucy Rolenson</i>		

INSTRUCTIONS ON BACK OF THIS FORM