

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. 30-025-29460
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 203
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  
2611 State Hwy 214 Denver City, TX 79323

4. Well Location  
Unit Letter L : 1568 feet from the South line and 248 feet from the West line  
Section 5 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3615' 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: 01/18/2019  
Pressure readings: Initial - 580 PSI Ending - 580 PSI  
Length of test: 32 minutes  
Witnessed: Yes - Gary Robinson - NMOCD

This Approval of Temporary  
Abandonment Expires 1/18/2021

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 Administrative Associate

DATE 01/22/2019

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 2/4/2019

Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

Graphic Controls

DATE 1-18-19 BR 221

Hobbs # 203

30-025-29460

5-195-386

cal date 12-15-18

Ser # 95801

1000 #

60 min

Start

End

580 #

580 #

12 min

Bay Johnson

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Graphic Controls

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BR 2221

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

BRADENHEAD TEST REPORT

Operator Name <i>Oxy</i>		API Number <i>30-025-29460</i>	
Property Name <i>South Hobbs Unit</i>		Well No. <i>203</i>	

2. Surface Location

UL - Lot <i>1</i>	Section <i>5</i>	Township <i>19S</i>	Range <i>38E</i>	Feet from <i>1568</i>	N/S Line <i>5</i>	Feet From <i>248</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

<input checked="" type="checkbox"/> YES TA'D WELL	NO	<input checked="" type="checkbox"/> YES SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL PRODUCER	GAS	DATE <i>1-18-19</i>
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OBSERVED DATA

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

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

*F/A TEST*

Signature: <i>Mendy Johnson</i>		OIL CONSERVATION DIVISION	
Printed name: <i>MENDY JOHNSON</i>		Entered into RBDMS <i>[initials]</i>	
Title: <i>ADMIN. ASSOCIATE</i>		Re-test	
E-mail Address: <i>MENDY.JOHNSON@OXY.COM</i>			
Date: <i>1/22/19</i>	Phone: <i>806/592-0780</i>		
Witness: <i>Larry Johnson</i>			

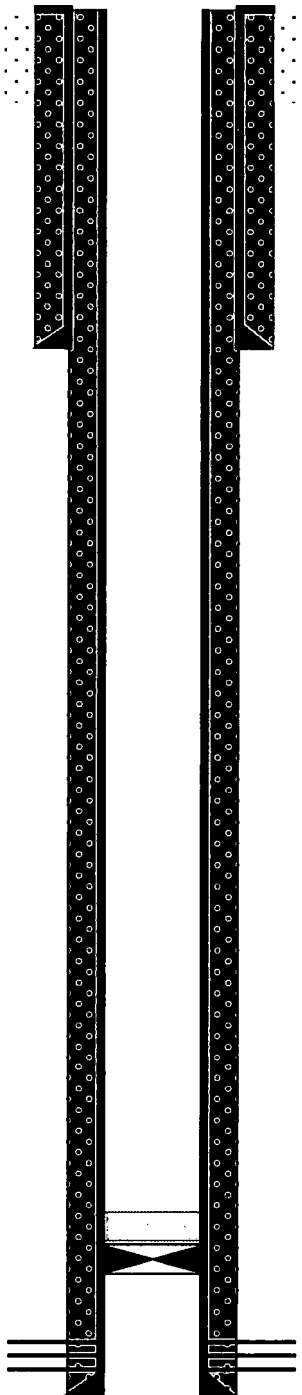
INSTRUCTIONS ON BACK OF THIS FORM

# SHU 203

**API# 30-025-29460**

TWN 19-S; RNG 38-E

Prod - TA'd



**8-5/8" 24# @ 1590'**  
cmt'd w/1100 sxs  
TOC @ Surface (Circ.)

**Spot 30' on top of CIBP @ 3925'**

**5-1/2" 15.5# @ 4094'**  
cmt'd w/950 sxs  
TOC @ Surface (Circ.)

**Plugged Back Perfs: 3976-4078'**

**PBTD @ 3890'**  
**TD @ 4146'**