

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
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-28357
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 154
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
PO Box 4294 Houston, TX 77210

4. Well Location

Unit Letter B : 1163 feet from the N line and 2600 feet from the E line
Section 9 Township 19S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3611' 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: ☐

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.

10/11/18: MIRU x NDWH x NUBOP. POOH 125 jts 2 7/8" tbg x injection equipment.
10/12/18: RIH 5 1/2" cibp @4180' w/ 8' cmt on top. RIH 5 1/2" cicr @4110'.
10/15/18: Pumped 48 bbls cmt getting 26.4 bbls into formation squeezed w/ 2500 psi.
Reversed out cmt w/ 150 bbls 10# BW. 10/16/18: Drilled cicr x cmt to 4180'.
10/17/18: Drilled cibp to pbtld @4310' x circ well clean. RIH 5 1/2" as1-x inj pkr @4100'.
10/18/18: RIH 125 jts 2 7/8" tbg @ 4090' x on/off tool. Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

10/11/18

Rig Release Date:

10/18/18

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Regulatory Specialist

DATE 05/14/2019

Type or print name April Hood

E-mail address: April_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

TITLE

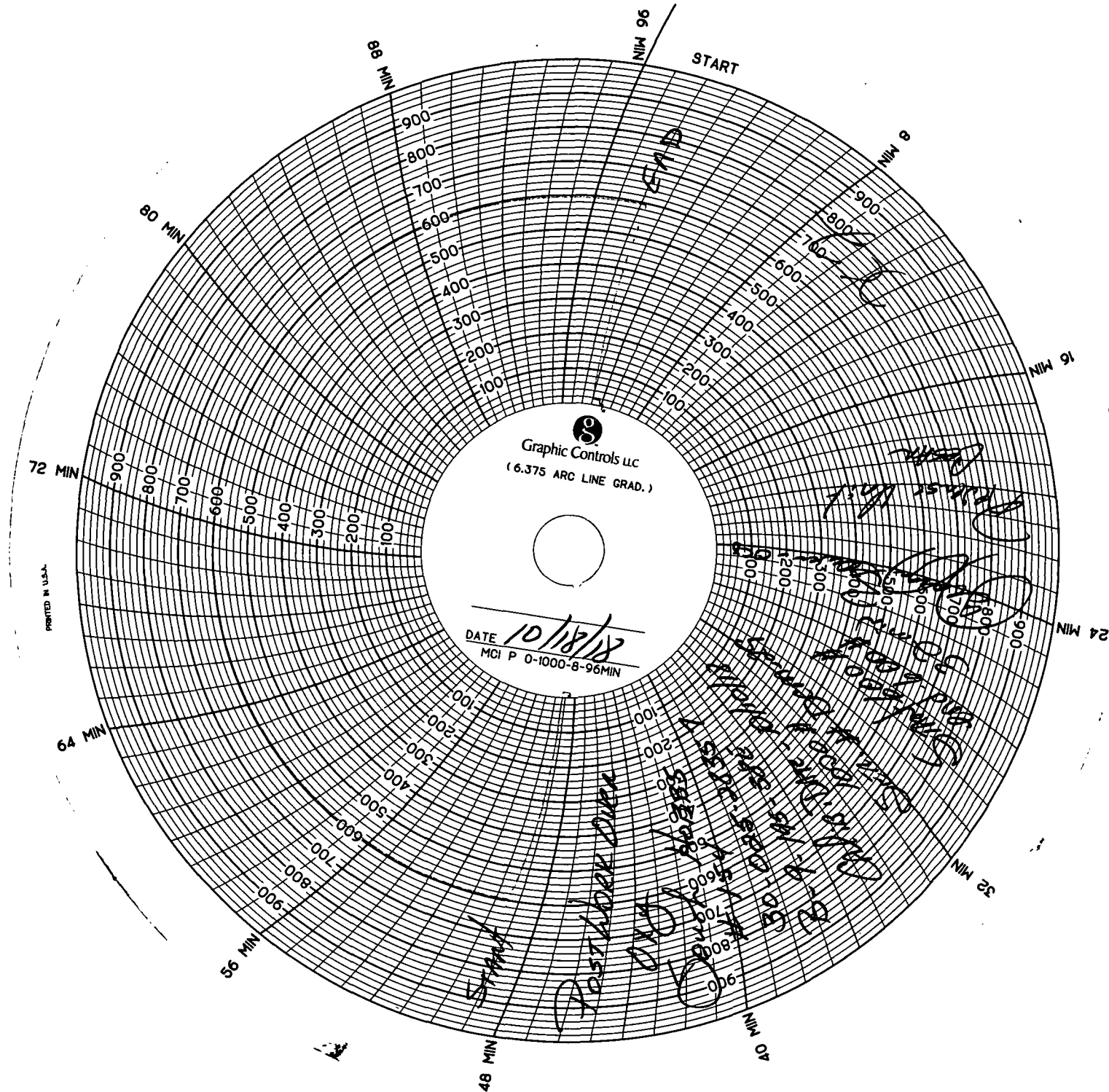
DATE

Conditions of Approval (if any):

Henry Fortner

Compliance Officer

6-14-19



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>30-025-28357</i>	
Property Name <i>South Hobbs</i>		Well No. <i>154</i>	

7. Surface Location									
UL - Lot <i>B</i>	Section <i>9</i>	Township <i>19S</i>	Range <i>38E</i>		Feet from <i>1163</i>	N/S Line <i>N</i>	Feet From <i>2600</i>	E/W Line <i>E</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES	<i>NO</i>	SHUT-IN YES	<i>NO</i>	INJ <i>NO</i>	SWD	OIL	PRODUCER GAS	DATE <i>10/18/18</i>	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>			<i>φ</i>	<i>φ</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 Waterflood 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.

Post Workover BHT

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test <i>XX</i>	
E-mail Address:			
Date: <i>10/18/18</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM