

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  
Santa Fe, NM 87505

WELL API NO. 30-025-42594
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 253
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625' KB

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG WELL OR TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>	2. Name of Operator Occidental Permian LTD
3. Address of Operator PO Box 4294 Houston, TX 77210	4. Well Location Unit Letter L : 2400 feet from the S line and 731 feet from the W line Section 4 Township 19S Range 38E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625' KB	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

10/22/18: MIRU x NDWH x NUBOP. 10/23/18: POOH 134 jts 2 7/8" tbg x pkr x inj equipment.  
RIH 7" cibp @4710' x dump bailed 8' cmt on top. Tagged toc @4702'.  
RIH 7" inj pkr @4410' x 134 jts 2 7/8" tbg @ x on/off tool.  
10/24/18: Ran MIT - chart attached. RD x NDBOP x NUWH.

3/27/19: MIRU x NDWH x NUBOP. 3/28/19: POOH 134 jts 2 7/8" tbg x pkr x inj equipment.  
RIH x dumped 13' of cement on top of cibp @4703'.  
RIH 7" as1-x inj pkr @4418' x 135 jts 2 7/8" tbg @4410 x on/off tool.  
3/29/19: Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

10/22/18

Rig Release Date:


3/29/19

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 Compliance Officer A DATE 6-14-19

Conditions of Approval (if any)

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <b>Occidental Permian LTD</b>		API Number <b>300-28-42594</b>
Property Name <b>South Hobbs GSA unit</b>		Well No. <b>253</b>

2. Surface Location

UL - Lot <b>L</b>	Section <b>24</b>	Township <b>19S</b>	Range <b>38-E</b>	Feet from <b>2400</b>	N/S Line <b>S</b>	Feet From <b>731</b>	E/W Line <b>W</b>	County <b>Lea</b>
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Well Status

TA'D WELL <b>YES</b>	<b>NO</b>	<b>YES</b>	SHUT-IN <b>NO</b>	<b>INJ</b>	INJECTOR <b>SWD</b>	OIL <b>PRODUCER</b>	GAS <b>DATE</b> <b>3-29-19</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	—	—	0	0
Flow Characteristics					NOT INT.
Puff	Y / N	Y / N	Y / N	Y / N	CO2 —
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR —
Surges	Y / N	Y / N	Y / N	Y / N	GAS —
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / 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.

Rev. Unit PDS  
Serial # 12517  
Cal date: 1/18/19  
Start 520 Finish 520

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		<b>X7</b>
Date:	Phone:	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM

