

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.  
30-025-44311

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 277

9. OGRID Number 157984

10. Pool name or Wildcat  
Hobbs (G/SA)

SUMMARY 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  
1017 West Stanolind Road, Hobbs, NM 88242

4. Well Location  
Unit Letter J : 1573 feet from the South line and 1711 feet from the East line  
Section 9 Township 19-S Range 38-E NMPM Lea County

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

3616.3' 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: Casing integrity test ☒

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: 07/16/19  
Pressure readings: Initial - 510 PSI Ending - 500 PSI  
Length of test: 32 minutes  
Witnessed: YES - Gary Robinson- NMOCD

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

*Justin Saxon*

TITLE Well Surveillance Lead

DATE 07/22/19

Type or print name Justin Saxon

E-mail address: Justin\_Saxon@oxy.com

PHONE: 575-397-8206

For State Use Only

APPROVED BY:

*Gary Robinson*

TITLE

*Compliance Officer*

DATE

7-26-19

Conditions of Approval (if any):

PRINTED IN U.S.A.

5 6 PM

4

3

2

1

NOON

11

10

9

8

7

6 AM

5

4

3

2

1

MIDNIGHT

11

10

9

8

7

Graphic Controls

DATE 7-16-19  
BR 2221

900

800

700

600

500

400

300

200

100

400

300

200

100

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

900

100

200

300

400

500

600

700

800

90

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

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-44311
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 277

7. Surface Location

UL - Lot J	Section 9	Township 19S	Range 38E	Feet from 1573	N/S Line SOUTH	Feet From 1711	E/W Line EAST	County LEA
---------------	--------------	-----------------	--------------	-------------------	-------------------	-------------------	------------------	---------------

Well Status

Well Status <i>ACTIVE</i>	SHUT IN <i>No</i>	PRODUCING <i>INJ</i>	DATE <i>7-16-19</i>
------------------------------	----------------------	-------------------------	------------------------

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>No Gauge</i>
Flow Characteristics					
Puff	Y/ <i>N</i>	Y/ <i>N</i>	Y/N	Y/ <i>N</i>	
Steady Flow	Y/ <i>N</i>	Y/ <i>N</i>	Y/N	Y/ <i>N</i>	
Surges	Y/ <i>N</i>	Y/ <i>N</i>	Y/N	Y/ <i>N</i>	
Down to nothing	<i>N</i>	<i>N</i>	Y/N	<i>N</i>	
Gas or Oil	Y/ <i>N</i>	Y/ <i>N</i>	Y/N	Y/ <i>N</i>	
Water	Y/ <i>N</i>	Y/ <i>N</i>	Y/N	Y/ <i>N</i>	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
-------	-------	-------	--------	-------

Remarks:

INJECTING AT THIS TIME \_\_\_ WTR, \_\_\_ GAS, \_\_\_ CO2

*VI 2*

Signature:	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test <i>[Signature]</i>
E-mail Address: <u>mendy_johnson@oxy.com</u>	
Date:	Phone: 806-592-6280
Witness: <i>[Signature]</i>	