

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6111
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 746-1183
811 S. First St., Artesia, NM 88200
District III - (505) 394-6178
1000 Rio Brazos Dr., Aztec, NM 87424
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. 30-025-29751
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 212
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	
2. Name of Operator Occidental Permian, Ltd	
3. Address of Operator 1017 West Stanolind Road, Hobbs NM, 88240	
4. Well Location Unit Letter <u>F</u> : <u>1478</u> feet from the <u>North</u> line and <u>2589</u> feet from the <u>West</u> line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3636' DF	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Casing integrity test <input checked="" 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.

Date of test: 07/26/19
Pressure readings: Initial - 550 PSI Ending - 515 PSI
Length of test: 32 minutes
Witnessed: Yes - Kerry Fortner - 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 [Signature] TITLE Well Surveillance Lead DATE 08/06/19

Type or print name Justin Saxon E-mail address: Justin_Saxon@oxy.com PHONE: 575-397-8206

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer A DATE 8-8-19

Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE

7-26-19

BR 2221

NOON

6 AM

7

8

9

10

11

1

2

3

4

5

6 PM

PRINTED IN U.S.A.

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 30-025-29751
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 212

7. Surface Location

UL - Lot F	Section 5	Township 19-S	Range 38-E	Feet from 1478	N/S Line NORTH	Feet From 2589	E/W Line WEST	County LEA
---------------	--------------	------------------	---------------	-------------------	-------------------	-------------------	------------------	---------------

Well Status

Well Status Active	SHUT-IN Yes	PRODUCING INS	DATE 7-26-19
-----------------------	----------------	------------------	-----------------

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	0	NA	NA	0	325
Flow Characteristics					
Puff	Y / 6	Y / N	Y / N	Y / 6	
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	
Surges	Y / 0	Y / N	Y / N	Y / 0	
Down to nothing	0 / N	Y / N	Y / N	0 / N	
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	
Water	Y / 0	Y / N	Y / N	Y / 0	

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

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

Remarks:

INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

WIC TEST
(Larry) MacLashley
Serial 0733
CAL 6-3-19

Signature:	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	
Date:	
Phone: 806-592-6280	
Witness: Larry Fortner - OGD	

399-3221