

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 88203

District III - (505) 333-3340

1000 Rio Brazos Rd., Aztec, NM 87401

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.  
30-025-07594

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 58

9. OGRID Number 157984

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

SUNDAY 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  
1017 West Stanolind Road, Hobbs, NM 88240

4. Well Location  
Unit Letter N : 660 feet from the South line and 1980 feet from the West line  
Section 3 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3607' RDB

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 ☒

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: 08-13-2019  
Pressure readings: Initial - 560 PSI Ending - 540 PSI  
Length of test: 32 minutes  
Witnessed: YES - Gary Robinson - NMOCD

Spud Date:

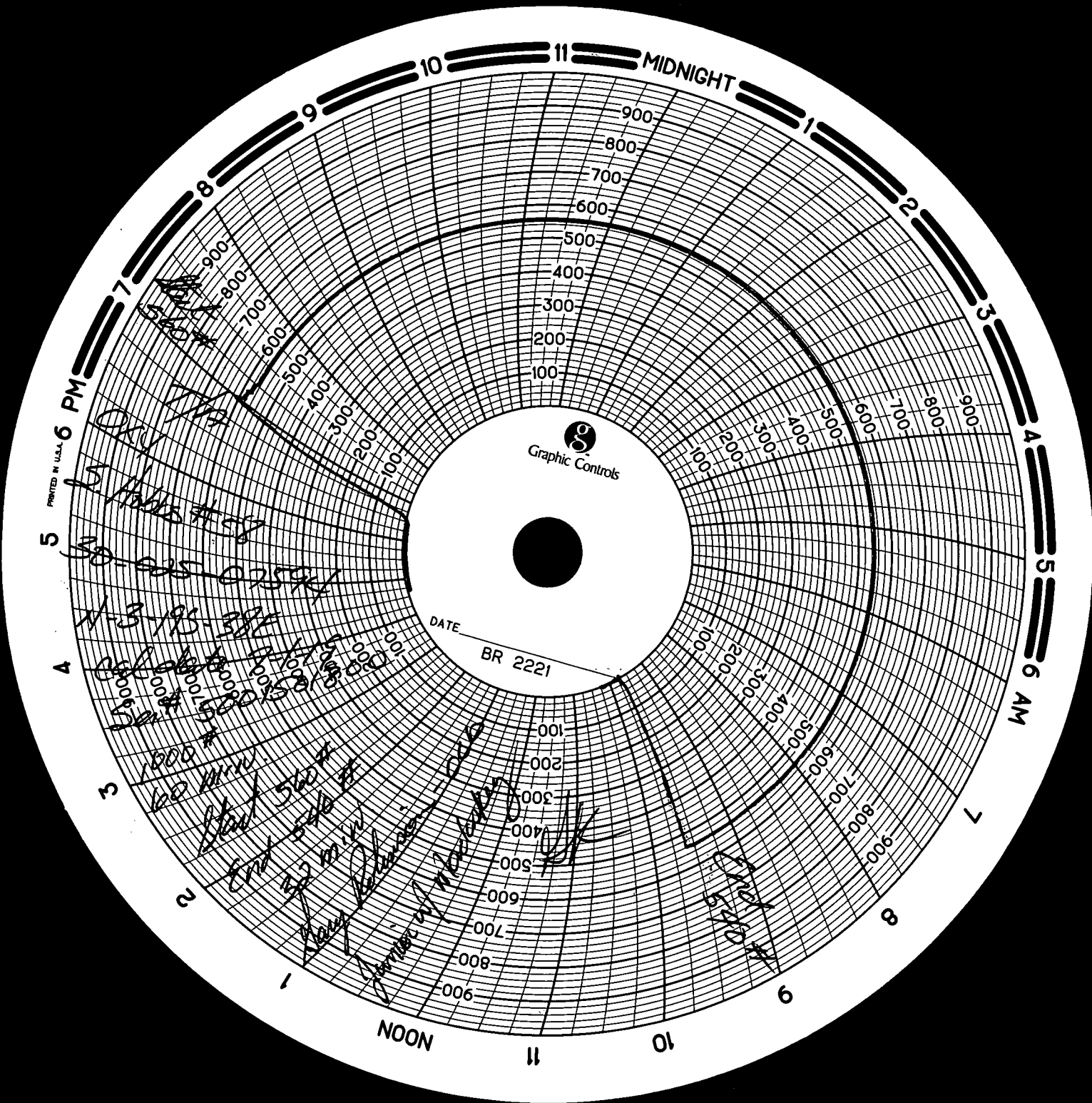
Rig Release Date:

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

SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 8-21-19

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 Operator DATE 8-26-19  
Conditions of Approval (if any):



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

**BRADENHEAD TEST REPORT**

Operator Name OXY PERMIAN, LTD	API Number 30-025-07594
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 58

**7. Surface Location**

UL - Lot N	Section 3	Township 19-S	Range 38-E	Feet from 660	N/S Line SOUTH	Feet From 1980	E/W Line WEST	County LEA
---------------	--------------	------------------	---------------	------------------	-------------------	-------------------	------------------	---------------

**Well Status**

TA'D Well Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	SHUT-IN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/>	SWD	OIL	PRODUCING GAS	DATE 8-13-19
--	--	---	-----	-----	------------------	-----------------

**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 Csgng	(E)Tubing
Pressure	0	0	0	0	NONE
<b>Flow Characteristics</b>					
Puff	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	WTR <input type="checkbox"/>
Surges	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Type of Fluid Injected for
Gas or Oil	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Water Flood if applies
Water	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	

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

*T/A*

Signature:	<b>OIL CONSERVATION DIVISION</b>
Printed name: JUSTIN SAXON	Entered into RBDMS <i>[Signature]</i>
Title: WELL SURVEILLANCE LEAD	Re-test
E-mail Address: <a href="mailto:Justin_Saxon@oxy.com">Justin_Saxon@oxy.com</a>	
Date:	
Phone: 575-397-8206	
Witness: <i>[Signature]</i>	