

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., Santa Fe, NM 87410
District IV - (505) 467-0460
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. 30-025-07602
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 44
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. SEE 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 J : 2310 feet from the South line and 1650 feet from the East line
Section 4 Township 19-S Range 38-E NMPM Lea County

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

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 - 545 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.

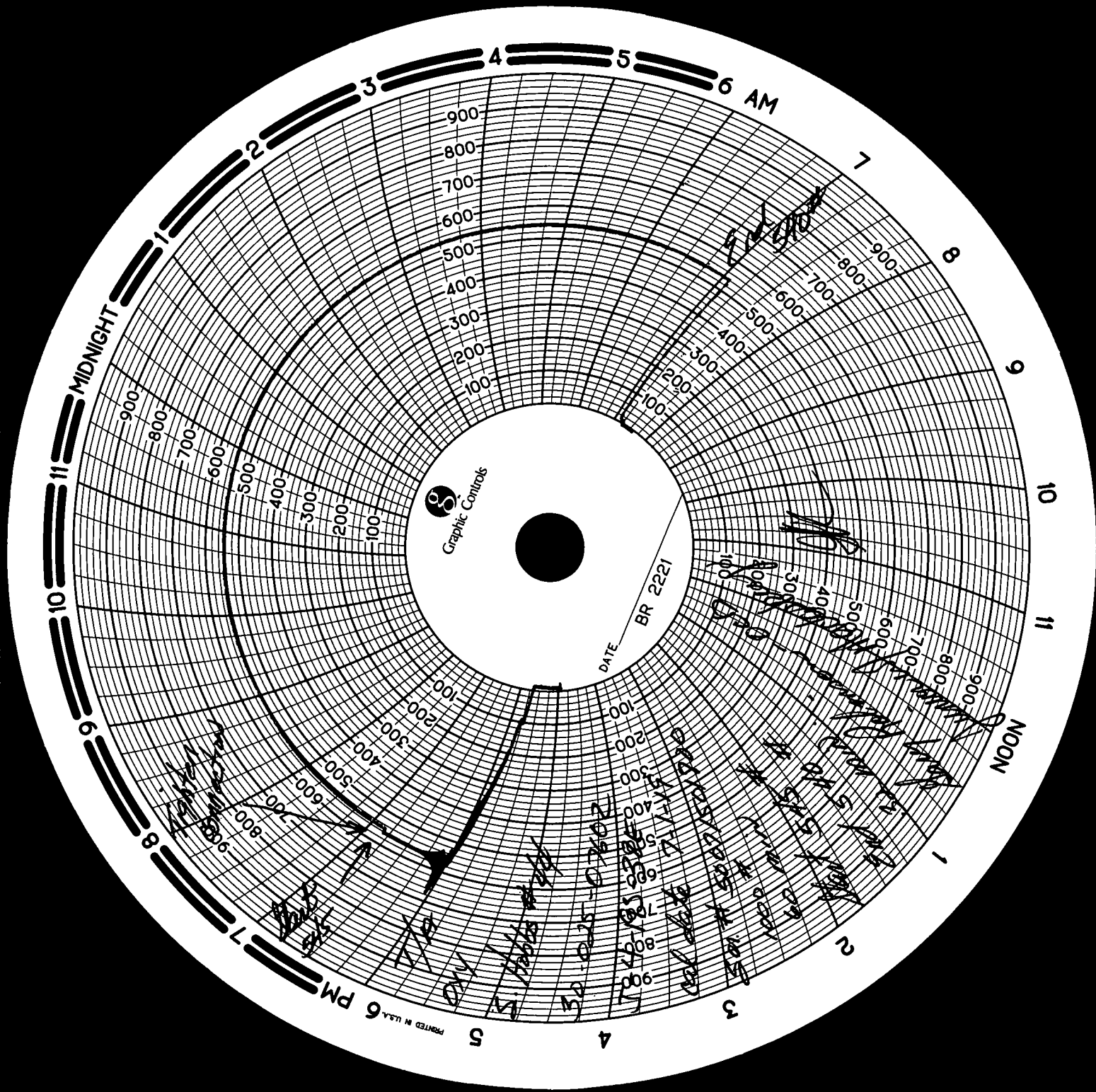
SIGNATURE [Signature] TITLE Well Surveillance Lead DATE 8-21-19

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 Compliance Officer DATE 8-26-19

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 OXY PERMIAN, LTD	API Number 30-025-07602
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 44

7. Surface Location

UL - Lot J	Section 4	Township 19-S	Range 38-E	Feet from 2310	N/S Line SOUTH	Feet From 1650	E/W Line EAST	County LEA
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Well Status

TA'D Well <input checked="" type="radio"/> Yes <input type="radio"/> No	SHUT-IN <input checked="" type="radio"/> Yes <input type="radio"/> No	INJ	INJECTOR	SWD	PRODUCING <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE 8-13-19
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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 Csng	(E)Tubing
Pressure	0	N/A	N/A	0	NONE
Flow Characteristics					
Puff	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	CO2
Steady Flow	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	WTR
Surges	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	GAS
Down to nothing	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	Type of Fluid
Gas or Oil	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	Injected for
Water	Y <input checked="" type="radio"/> N	Y / N	Y / N	Y <input checked="" type="radio"/> N	Water Flood if applies

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:	OIL CONSERVATION DIVISION
Printed name: JUSTIN SAXON	Entered into RBDMS
Title: WELL SURVEILLANCE LEAD	Re-test
E-mail Address: Justin_Saxon@oxy.com	
Date:	
Phone: 575-397-8206	
Witness: <i>Justin Saxon</i>	