

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., Aztec, NM 87401
District III - (505) 346-7478
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

RECEIVED HOBBS OCD AUG 22 2019		WELL API NO. 30-025-42596	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.	
3. Address of Operator 1017 West Stanolind Road, Hobbs NM, 88240		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit	
4. Well Location Unit Letter <u>I</u> : <u>2188</u> feet from the <u>South</u> line and <u>657</u> feet from the <u>East</u> line Section <u>4</u> Township <u>19-S</u> Range <u>38-S</u> NMPM Lea County		8. Well Number <u>255</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625.4' KB		9. OGRID Number <u>157984</u>	
		10. Pool name or Wildcat Hobbs (G/SA)	

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 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: 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: 08/13/19
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 [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):

Graphic Controls

DATE 8-13-19
BR 2221

PRINTED IN U.S.A. 6 PM

6 AM

NOON

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MIDNIGHT

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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 OCCIDENTAL PERMIAN, LTD	API Number 30-025-42596
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 255

7. Surface Location

UL - Lot L	Section 4	Township 19S	Range 38E	Feet from 2400	N/S Line SOUTH	Feet From 831	E/W Line WEST	County LEA
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Well Status

Well Status ACTIVE	SHUT-IN No	PRODUCING INT	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 Csg	(E)Tubing
Pressure	0	N/A	N/A	0	1516
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	
Steady Flow	Y/N	Y/N	Y/N	Y/N	
Surges	Y/N	Y/N	Y/N	Y/N	
Down to nothing	Y/N	Y/N	Y/N	Y/N	
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

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

UIC

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: <i>Larry Johnson</i>	