

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1234
811 S. First St., Aztec, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3480
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. 30-025-35349
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 North Hobbs (G/SA) Unit
8. Well Number 644
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 ☐ Gas Well ☐ Other Temporarily Abandoned ☐

2. Name of Operator
OXY PERMIAN, LTD

3. Address of Operator
1017 West Stanolind Rd Hobbs, NM 88240

4. Well Location
Unit Letter L : 1639 feet from the South line and 638 feet from the West line
Section 27 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3643' GL

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 request ☒

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: 09-03-2019
Pressure readings: Initial - 560 PSI Ending - 540 PSI
Length of test: 32 minutes
Witnessed: Yes - Kerry Fortner - NMOCD

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 9-3-22
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: 27

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 _____ TITLE Well Surveillance Lead DATE _____

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE C. O. A DATE 9-6-19
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 30-025-35349
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 644

7. Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
L	27	18-S	38-E		1639	SOUTH	638	WEST	LEA

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 <input type="radio"/> Yes <input type="radio"/> No	INJECTOR SWD	PRODUCING <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE 9-3-19
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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:

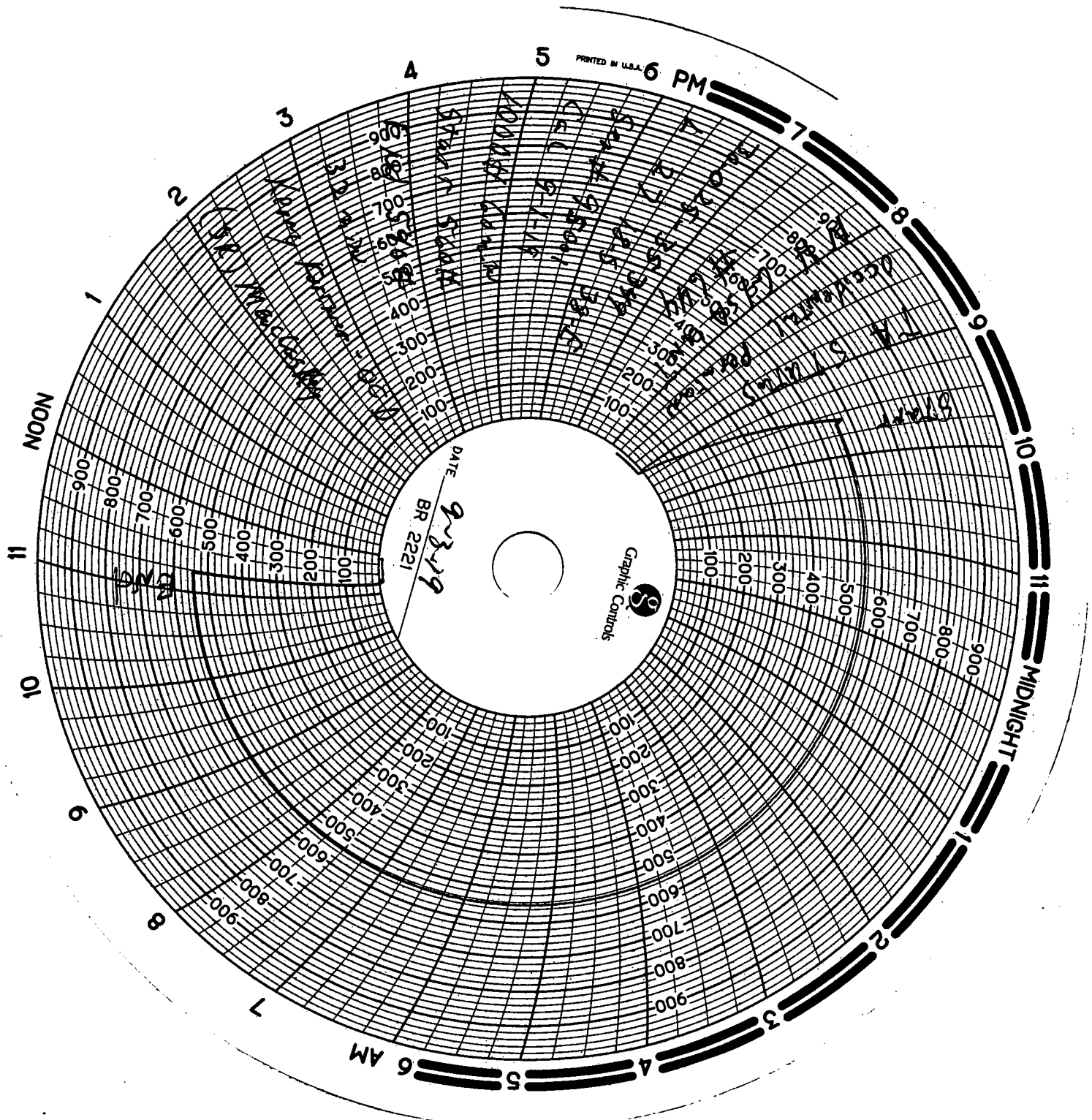
	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csgng	(E)Tubing
Pressure	0	NA	NA	0	7A
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> 0	Y / N	Y / N	<input checked="" type="radio"/> 0 / N	CO2 ___
Steady Flow	Y / <input checked="" type="radio"/> 0	Y / N	Y / N	Y / <input checked="" type="radio"/> 0	WTR ___
Surges	Y / <input checked="" type="radio"/> 0	Y / N	Y / N	Y / <input checked="" type="radio"/> 0	GAS ___
Down to nothing	<input checked="" type="radio"/> 0 / N	Y / N	Y / N	<input checked="" type="radio"/> 0 / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> 0	Y / N	Y / N	Y / <input checked="" type="radio"/> 0	Injected for
Water	Y / <input checked="" type="radio"/> 0	Y / N	Y / N	Y / <input checked="" type="radio"/> 0	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.

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: 9-3-19	
Phone: 575-397-8206	
Witness: Kerry Forner OOD	

399-3221





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