

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 88201
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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

WELL API NO.

30-025-42647

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

19552

7. Lease Name or Unit Agreement Name

South Hobbs G/SA Unit

8. Well Number

256

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 ☐ Injector

2. Name of Operator
Occidental Permian LTD

3. Address of Operator
PO Box 4294 Houston, TX 77210

4. Well Location

Unit Letter I : 2188 feet from the S line and 657 feet from the E line
Section 4 Township 19S Range 38E NMPM County Lea

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

3625' KB

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: ☐

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.

4/10/19: MIRU x NDWH x NUBOP. 4/22/19: POOH 114 jts 2 7/8" tbg x 7" inj equipment.

4/24/19: RIH x tagged high @5000'. Dumped 3 sxs of cement inside tbg.

4/25/19: RIH x tagged TOC @ 5025'. RIH 144 2 7/8" tbg x 7" as1-x inj packer @ 4722'.

4/26/19: Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

4/10/19

Rig Release Date:

4/26/19

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

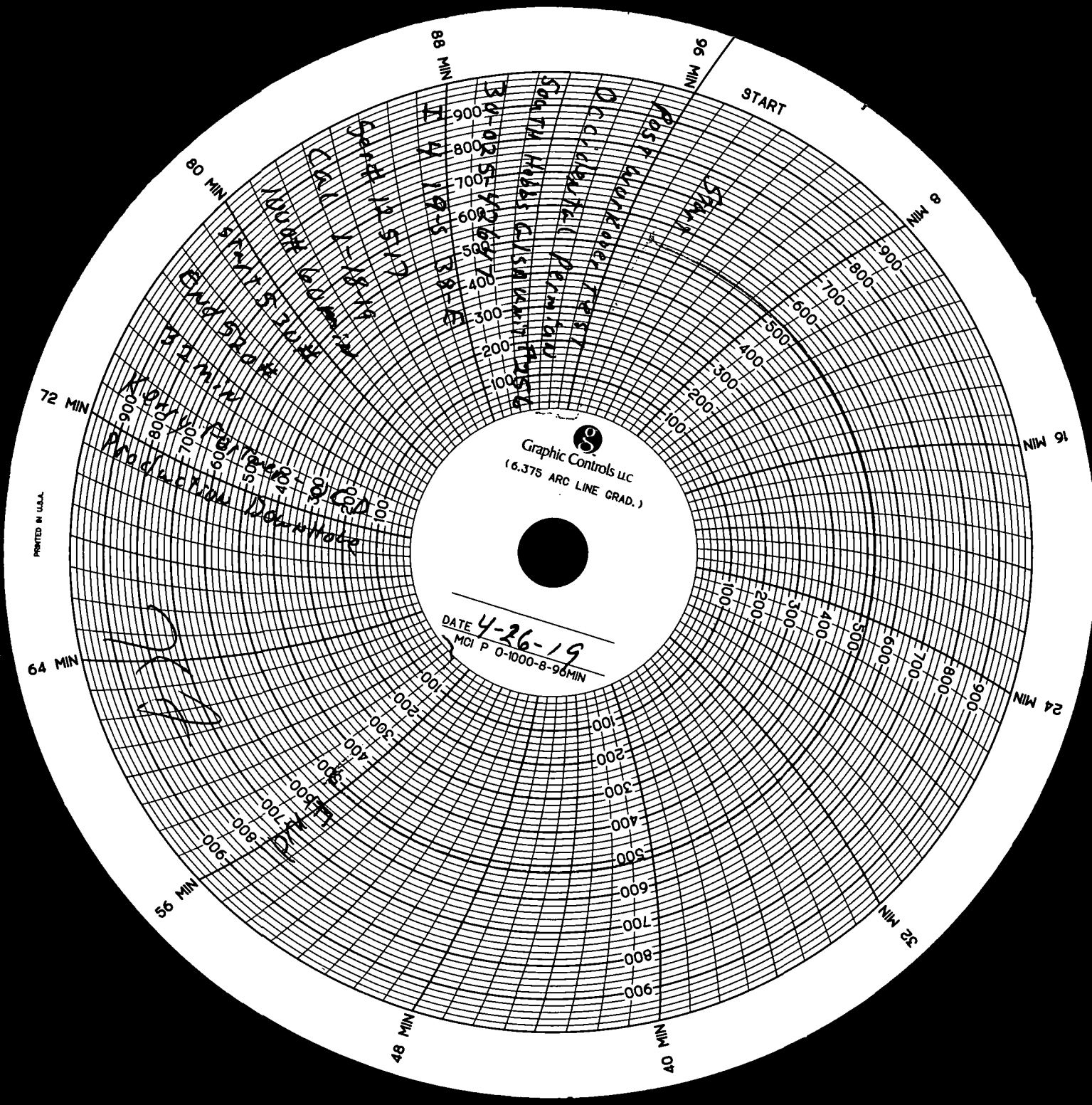
SIGNATURE April Hood TITLE Regulatory Specialist DATE 09/10/2019

Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY: Kerry Jeter TITLE C. O. A DATE 9-20-19

Conditions of Approval (if any):



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District 1

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 30-025-42647-0000
Property Name SOUTH HOBBS G/SA UNIT		Well No. 256

7. Surface Location

UL - Lot 1	Section 4	Township 19-S	Range 38-E	Feet from 2188	N/S Line S	Feet From 657	E/W Line E	County LEA
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Well Status

TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/> SWD	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 4/26/19
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					
Flow Characteristics					NOT 2WS
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

POST WORKOVER MIT

Production downhole

ser # 12517

cal 1-18-19

Start 530#

End 520#

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: 4/26/19	Phone:	
Witness: KERRY FORTNER- OCD 575-399-3221		