

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) 331-1340  
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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<b>SUMMARY OF NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-07594
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned		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>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>3</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County		8. Well Number <u>58</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3607' RDB		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:

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

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 2/13/20  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: XZ

Spud Date:

Rig Re:

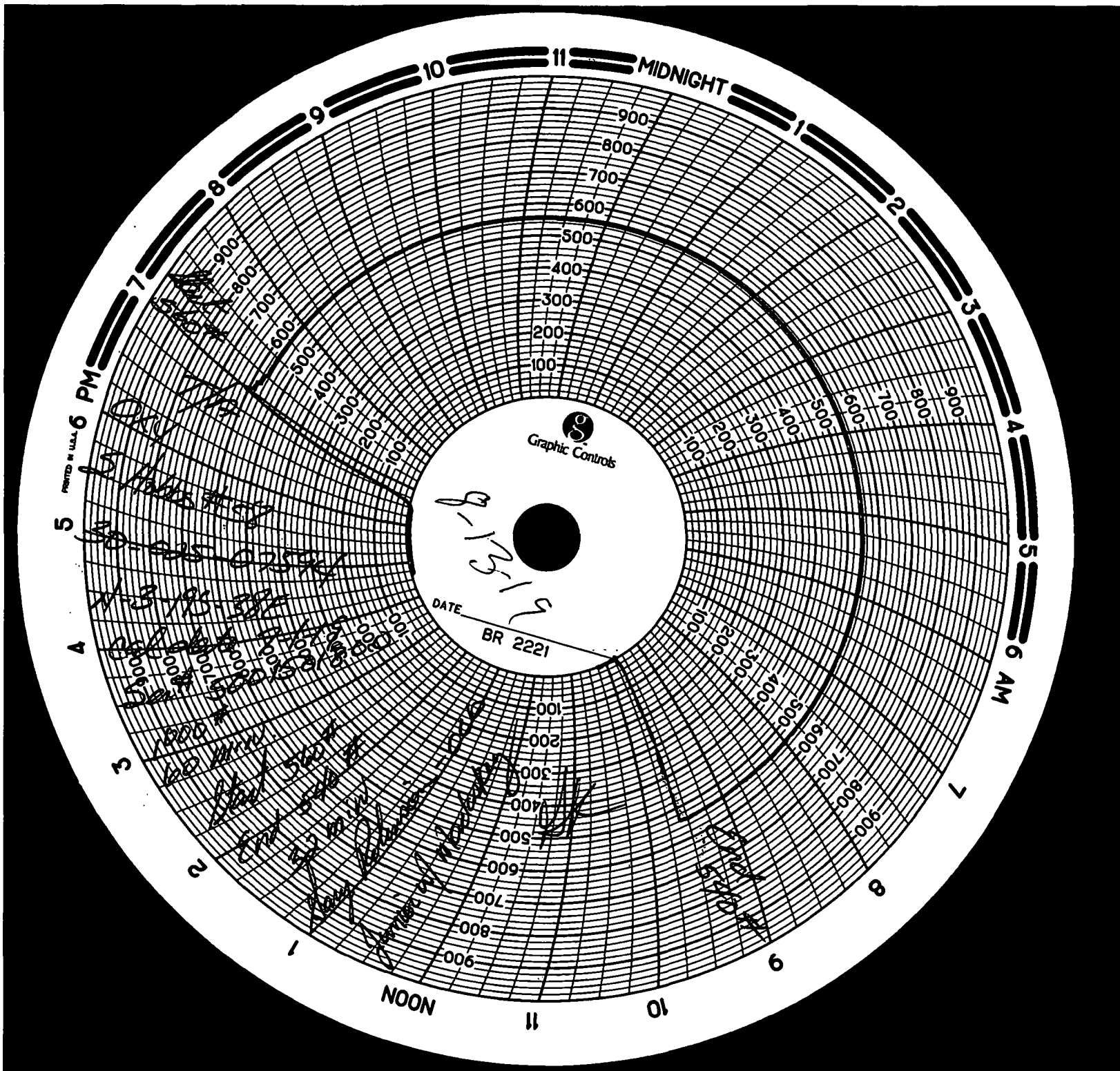
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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

Kerry Fortner C.O. A 10-30-19



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 30-025-07594
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 <input checked="" type="radio"/> Yes <input type="radio"/> No	SHUT-IN <input checked="" type="radio"/> Yes <input type="radio"/> No	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCING <input type="radio"/> OIL <input type="radio"/> 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 Csg	(E)Tubing
Pressure	0	0	0	0	NOISE
Flow Characteristics					
Puff	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	WTR <input type="checkbox"/>
Surges	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Type of Fluid Injected for Water Flood if applies
Gas or Oil	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	
Water	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	

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: Gary Johnson	