

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., Hobbs, NM 87410
District IV - (505) 334-6160
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 PI 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)	
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

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 11-2-20
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:

TITLE

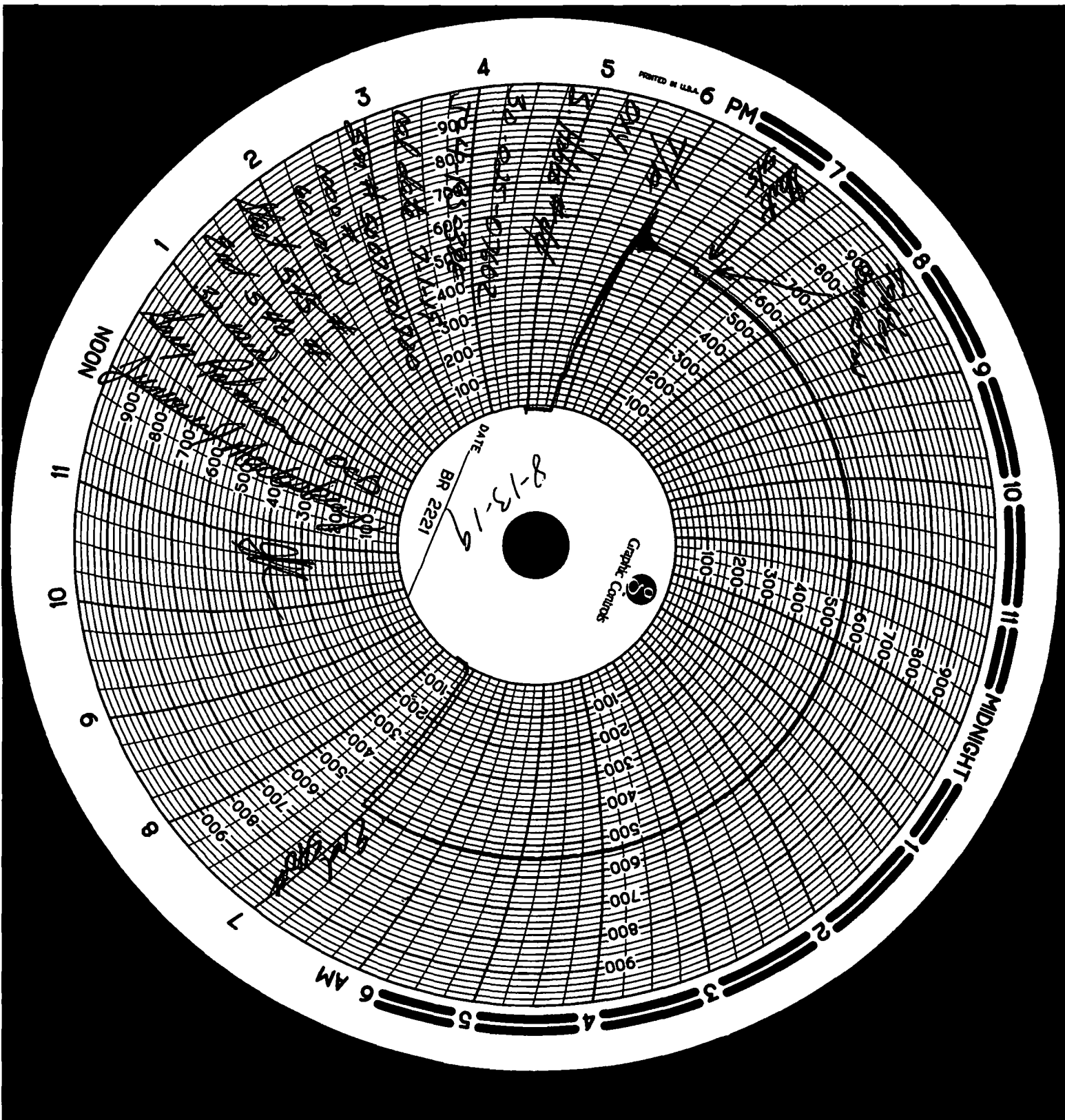
DATE

Conditions of Approval (if any):

Kenny Fort

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 30-025-07602
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
---------------	--------------	------------------	---------------	--	-------------------	-------------------	-------------------	------------------	---------------

Well Status

<input checked="" type="radio"/> TA'D Well Yes	<input type="radio"/> No	<input checked="" type="radio"/> SHUT-IN Yes	<input type="radio"/> No	INJ	INJECTOR	SWD	<input checked="" type="radio"/> PRODUCING OIL	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	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>Greg Halmon</i>	