

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., 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

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.)		WELL API NO. 30-025-44822
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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian LTD		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 4294 Houston, TX 77210		7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
4. Well Location Unit Letter <u>B</u> : <u>334</u> feet from the <u>N</u> line and <u>1795</u> feet from the <u>E</u> line Section <u>23</u> Township <u>18S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>664</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3663' GR		9. OGRID Number 157984
		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: TA ☐

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.

8/29/19: MIRU x NDWH x NUBOP. POOH 133 jts 2 7/8" tbg x esp equipment.

RIH 7" CIBP @ 4420' x dumped 3 sx cmt on top. 8/30/19: RIH x tagged TOC @ 4398'.

Ran MIT - Chart attached. RD x NDBOP x NUWH. *** Well is currently TA'd***

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 8-30-24
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: XZ

Sf

08/30/2019

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

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

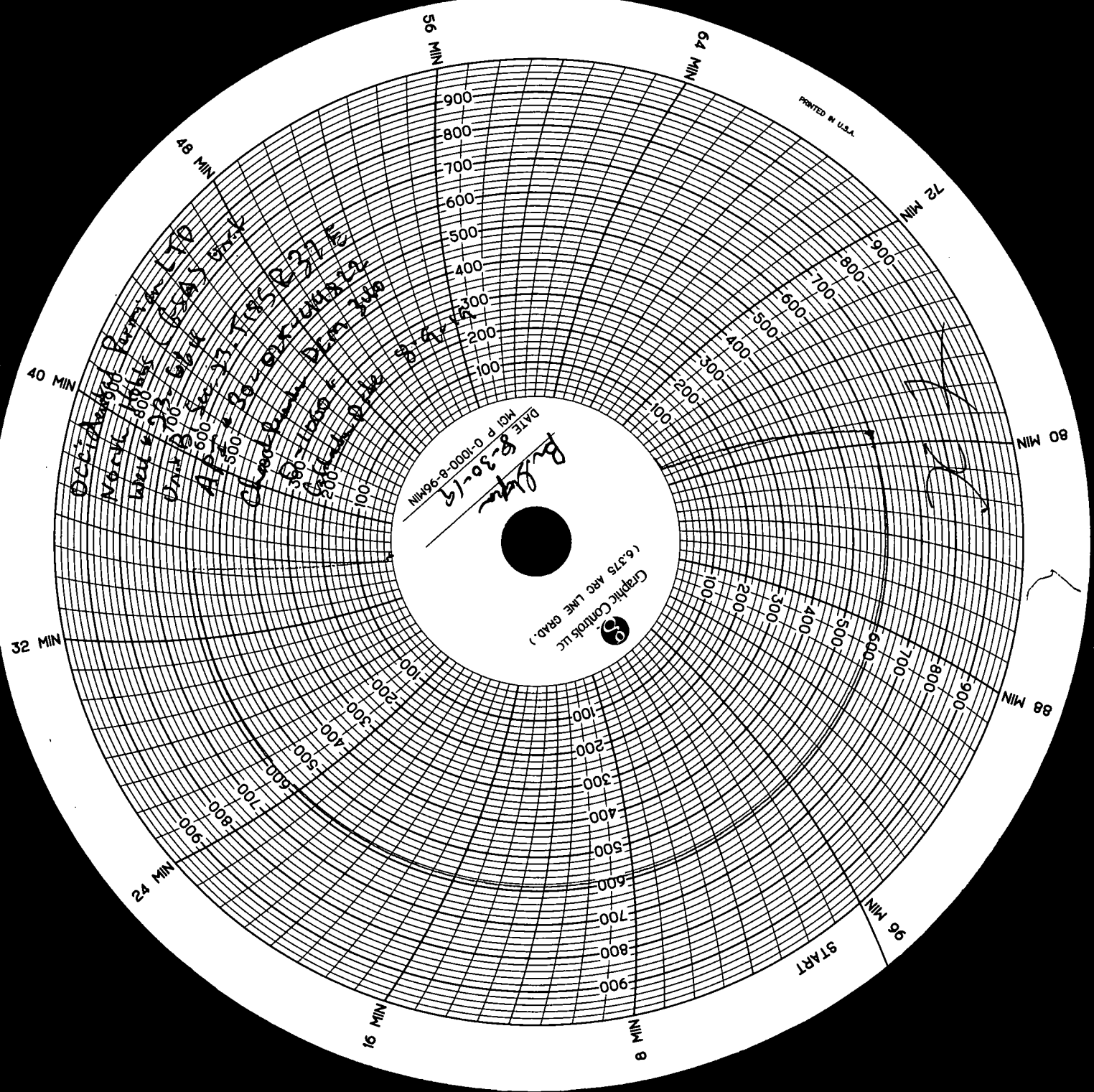
Type or print name April Santos E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY: Kenny Forke TITLE C.O A DATE 11-15-19

Conditions of Approval (if any):

HOBBS OCD
NOV 08 2019
RECEIVED



District
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 30-025-44822
Property Name	Well No. 28-664

2. Surface Location

HL - Lot B	Section 23	Township 18S	Range 37	Feet from 334	N/S Line N	Feet from 1795	E/W Line E	County Lea
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Well Status

<input checked="" type="checkbox"/> YES TA'D WELL	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES SHUT-IN	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> PRODUCER	<input type="checkbox"/> GAS	DATE 8-30-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	/	/	0	0
Flow Characteristics					Not Producing
Puff	0 N	Y / N	Y / N	Y / 0	CO2 —
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	WTR —
Surges	Y / 0	Y / N	Y / N	Y / 0	GAS —
Down to nothing	0 / N	Y / N	Y / N	0 / N	Type of Fluid
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	Injected for
Water	Y / 0	Y / N	Y / N	Y / 0	Waterflood if
					applies.

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

Reverse Unit
Serial # 00m 340
0-1000
Calibration Date 8-9-19
Start 6:00 End 5:00

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	XZ
Date:	
Phone:	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM