

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-42646
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 257
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625' KB

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 607 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

9/30/19: MIRU x NDWH x NUBOP. 10/1/19: POOH 137 jts 2 7/8" tbg x inj equipment.

Dumped 89' pea gravel then 30' cmt x RIH 7" cibp @ 4838.

10/2/19: RIH 7" AS1-X inj pkr @ 4553' x tested pkr to 700 psi, which held ok.

10/3/19: RIH 139 jts 2 7/8" tbg @ 4544' x inj equipment. Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

09/30/19

Rig Release Date:

10/03/19

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 11/26/2019

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

For State Use Only

APPROVED BY: Kenny Furt TITLE CO DATE 11-20-19

Conditions of Approval (if any):

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 <i>Oxy Permian</i>		API Number <i>30-025-42646</i>
Property Name <i>South Hobbs (GSA) Unit</i>		Well No. <i>257</i>

1. Surface Location

UL Lot <i>I</i>	Section <i>4</i>	Township <i>19S</i>	Range <i>38E</i>	Feet from	N/S Line	Feet from	E/W Line	County <i>Lea</i>
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>10-3-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>		<i>0</i>	<i>0</i>
Flow Characteristics	<i>N/A</i>	<i>N/A</i>			<i>NOT INS</i>
Puff	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / 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 / 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 / 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 / N	<i>0</i> / N	Type of fluid injected for waterflood if applies
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / 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.

Signature: <i>Cesar Briones</i>		OIL CONSERVATION DIVISION
Printed name: <i>Cesar Briones</i>		Entered into RBDMS
Title: <i>R. U. Operator</i>		Re-test <i>XL2</i>
E-mail Address:		
Date: <i>10-3-19</i>	Phone: <i>806-215-6974</i>	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM