

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. 30-025-07567
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator 1017 W Stanolind Rd, Hobbs NM 88240		7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA) Unit
4. Well Location Unit Letter _____ : 1320 feet from the SOUTH line and 2310 feet from the EAST line Section 34 Township 18S Range 38E NMPM County		8. Well Number 341
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs (G/SA)

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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.

DATE OF TEST 5-19-2020
PRESSRE TEST START 600PSI END 600PSI
LENGTH OF TEST 60 MINUTES
WITNESSED NO

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: 7/1/21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: KF

Spud Date:

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

SIGNATURE Justin Saxon 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: Kerry Int TITLE C O A DATE 5-29-20
Conditions of Approval (if any):

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Oil Conservation Division Hobbs District Office

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BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN LTD		API Number 30-025-07567	
Property Name NORTH HOBBS G/SA UNIT		Well No. #341	

Surface Location

UL - Lot	Section	Township	Range	Feet From	N/S Line	Feet From	E/W Line	County
	34	18S	38E	1320	S	2310	E	

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCING	DATE
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	INJ SWD	OIL GAS	5-19-2020

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

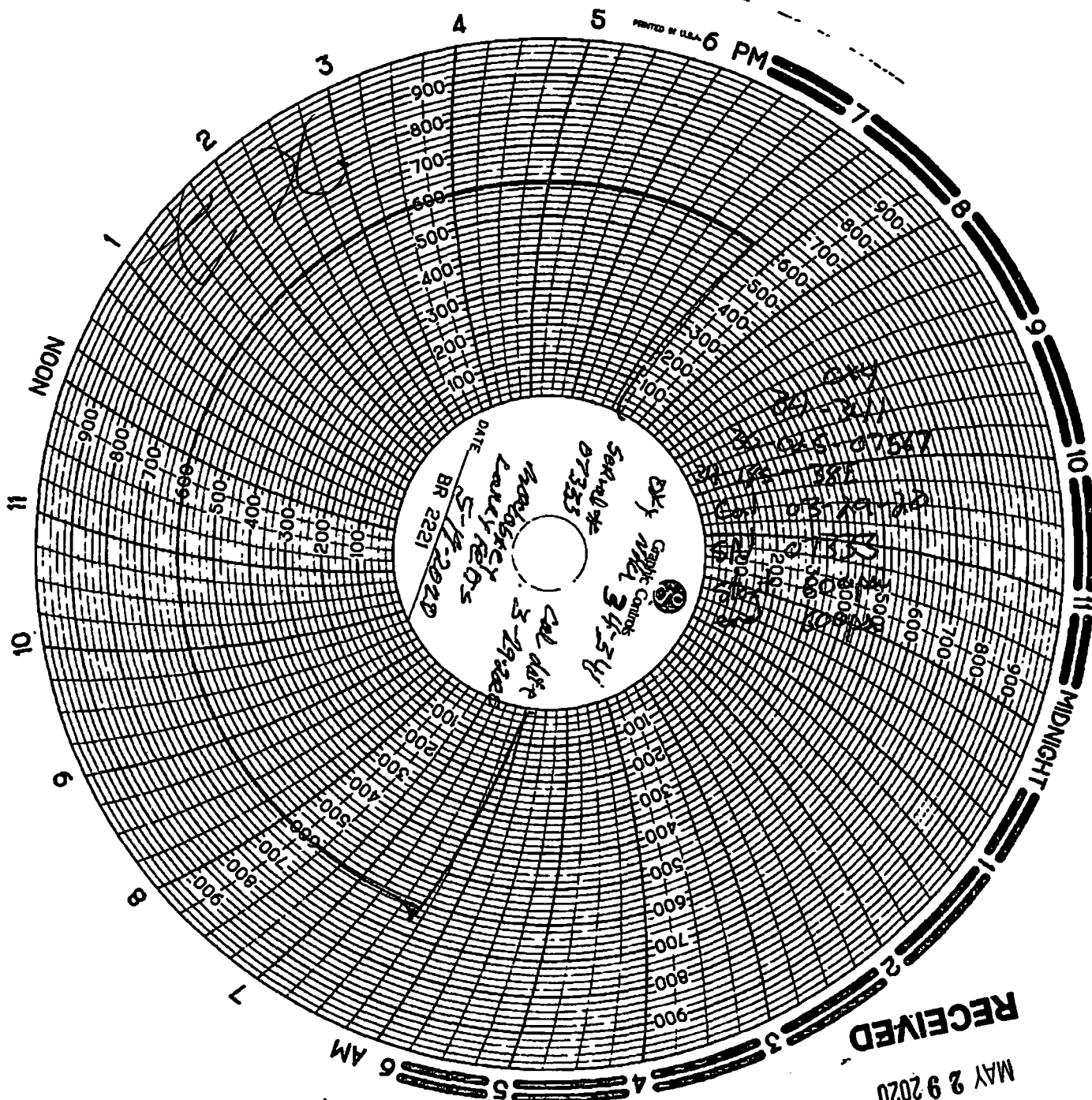
If bradenhead flowed water, check all of the descriptions that apply:

	(A) Surf-Interm	(B) Interm-Interm(2)	(C) Interm-Prod	(D) Prod Casing	(E) Tubing
Pressure					
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	CO ₂ _____
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	WTR _____
Surges	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Type of Fluid _____
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Injected for _____
Water	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Water Flood if _____
					applies _____

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

Justin Saxon 701 690 7053

Signature: <i>Justin Saxon</i>		OIL CONSERVATION DIVISION	
Printed name: JUSTIN SAXON		Entered into RBDMS	
Title: WELL SURVEILLANCE LEAD		Re-test	
E-mail Address: <u>Justin.Saxon@oxy.com</u>		<i>27</i>	
Date:	Phone: 575-397-8206		
Witness:			



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