

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 88200  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87710  
 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

RECEIVED  
 NMOCD  
 AUG 29 2017

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

WELL API NO. 30-025-29756	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit	✓
8. Well Number 218	✓
9. OGRID Number 157984	
10. Pool name or Wildcat Hobbs (G/SA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3617' GL	

**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  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
 ✓ Unit Letter A : 652 feet from the North line and 563 feet from the East line  
 ✓ Section 4 Township 19-S Range 38-E NMPM Lea County

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: Casing Integrity Test <input checked="" 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.

Date of test: 08/09/2017  
 Pressure readings: Initial - 560 PSI Ending 540 PSI  
 Length of test: 32 minutes  
 Witnessed: Yes - George Bowers - NMOCD

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 Mendy A Johnson TITLE Admin. Associate DATE 08/24/2017

Type or print name Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com PHONE: 806-592-6280

**For State Use Only**  
 APPROVED BY: George Bowers TITLE Compliance Officer DATE 8/29/17  
 Conditions of Approval (if any):

PRINTED IN U.S.A.

Graphic Controls

DATE 8/19/17  
BR 2221

DA  
Oxy  
UIC  
South Hobbs #217  
33-025-29756  
A-4-19-38E

Cal. o. Inc. - 5/12/17  
1002#  
Serial - 1842  
Start 560#  
end 540#  
32 min

James OD  
Trench ID  
KAC  
W.Den

fine

Handwritten signature in red ink.

