

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

Revised July 18, 2013

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

Energy, Minerals and Natural Resources

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

HOBBS OGD
MAR 29 2018
RECEIVED

WELL API NO. 30-025-43606
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 North Hobbs G/SA Unit
8. Well Number 667
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg - San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3629' 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 C : 842 feet from the N line and 1858 feet from the W line
Section 24 Township 18S Range 37E NMPM County Lea

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.

MIRU x NDWH x NUBOP.
POOH tbg x pkr.
RIH 7" CIBP @ 4538'
Perf'd 4451' - 4492'.
Pumped 1400 gals 15% NEFE acid.
RIH on/off tool x pkr 4400' @ x 135 jts tbg @ 4392'.
Ran MIT chart - Chart attached.
RD x NDBOP X NUWH.

Spud Date: 02/12/2018

Rig Release Date: 02/16/2018

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

SIGNATURE April Hood TITLE Regulatory Specialist DATE 03/21/2018

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

For State Use Only
APPROVED BY: Maley Brown TITLE AO/II DATE 4/3/2018
Conditions of Approval (if any):

RBDMS-CHART-✓

88 MIN

96 MIN

START

8 MIN

16 MIN

24 MIN

32 MIN

40 MIN

48 MIN

56 MIN

64 MIN

72 MIN

80 MIN

900
800
700
600
500
400
300
200
100

900
800
700
600
500
400
300
200
100

PRINTED IN U.S.A.

Graphic Controls LLC
(6.375 ARC LINE GRAD.)

DATE 2-15-18
MCI P 0-1000-8-96MIN

Start

Post Workout
OX4

N. Hobbs G/SA #667
30-025-43606-00-00
C-24-18s-37E

cal date 11-20-17
Ser. # DCM-25

1000 #
60 min
Start

540 #
5:20 #
End
32 min

Harry Holman - 026
Hector - Rev. chit.
Zach B...

End

HOBBS OCD

MAR 29 2018

RE

HOBBS O
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State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office
BRADENHEAD TEST REPORT

Operator Name OXY		API Number 30-025-43606	
Property Name N. Hobbs G/SA		Well No. #667	

7. Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
C	24	18S	37E	842	N	1858	W	LEA	

Well Status									
TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ					2-15-18		

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	0
Flow Characteristics					
Pull	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	
Water	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	

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

Post Workover

OPERATOR COPY

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone:
Witness: Gary Robinson	
	575-399-3220