

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6160  
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

Geology, Minerals and Natural Resources

Form C-103

Revised July 18, 2013

**HOBBS OGD**  
**JUN 11 2018**  
**RECEIVED**

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. <b>30-025-28944</b>
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 <b>North Hobbs (G/SA) Unit</b>
8. Well Number <b>223</b>
9. OGRID Number <b>157984</b>
10. Pool name or Wildcat <b>Hobbs (G/SA)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3634' GL</b>

**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 ☐

2. Name of Operator  
**Occidental Permian, Ltd**

3. Address of Operator  
**HCR 1 Box 90 Denver City, TX 79323**

4. Well Location  
Unit Letter **Q** : **2630** feet from the **North** line and **1420** feet from the **West** line  
Section **32** Township **18-S** Range **38-E** NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3634' GL**

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: Casing integrity test ☒

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: 05/18/2018  
Pressure readings: Initial - 520 PSI Ending - 510 PSI  
Length of test: 32 minutes  
Witnessed: Yes - Kerry Fortner - OCD

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 Johnson*

TITLE Admin. Associate

DATE 06/06/2018

Type or print name Mendy A Johnson

E-mail address: mendy\_johnson@oxy.com

PHONE: 806-592-6280

For State Use Only

APPROVED BY:

*Kerry Fortner*

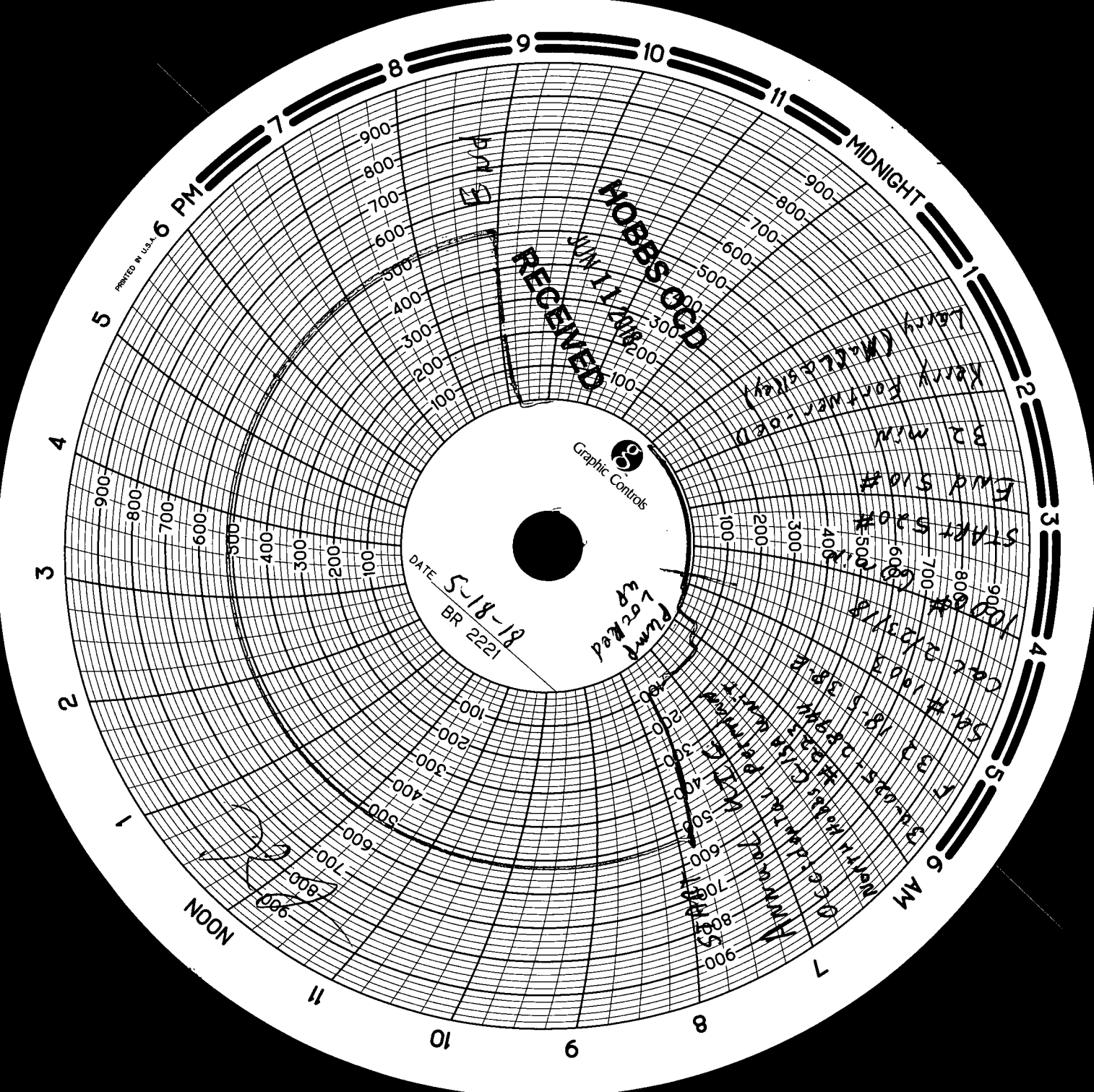
TITLE

*Compliance Officer A*

DATE

*6-15-18*

Conditions of Approval (if any):



State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

HOBBS OCD

JUN 11 2018

RECEIVED

BRADENHEAD TEST REPORT

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-28944
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 223

7. Surface Location

UL - Lot F	Section 32	Township 18-S	Range 38-E	Feet from 2630	N/S Line NORTH	Feet From 1420	E/W Line WEST	County LEA
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Well Status

Well Status A	SHUT-IN N	PRODUCING	DATE 5-18-18	WAG Injector
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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(1)-Interm(2)	(C)Interm-Prod	(D)Prod Casing	(E)Tubing
Pressure	0	0	—	0	NO
Flow Characteristics					Gauge
Puff	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Down to nothing	<input checked="" type="checkbox"/> / N	<input checked="" type="checkbox"/> / N	Y / N	<input checked="" type="checkbox"/> / N	
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

INJECTING AT THIS TIME \_\_\_ WTR, \_\_\_ GAS, \_\_\_ CO2

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: <u>mendy_johnson@oxy.com</u>	
Date: <u>5-18-18</u>	
Phone: 806-592-6280	
Witness: <i>Kerry Fortner-OCD</i>	

399-3221

# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240  
505-395-1016

THIS IS TO CERTIFY THAT:

DATE: 2-23-18

I, Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD  
SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING  
INSTRUMENT. 1000 PRESSURE RECORDER

SERIAL NUMBER

1003

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>110</u>	<u>✓</u>
<u>110</u>	<u>200</u>	<u>✓</u>
<u>200</u>	<u>300</u>	<u>✓</u>
<u>300</u>	<u>400</u>	<u>✓</u>
<u>400</u>	<u>500</u>	<u>✓</u>

PRESSURE <u>1000</u>		
TEST	AS FOUND	CORRECT
<u>500</u>	<u>600</u>	<u>✓</u>
<u>600</u>	<u>700</u>	<u>✓</u>
<u>700</u>	<u>800</u>	<u>✓</u>
<u>800</u>	<u>900</u>	<u>✓</u>
<u>900</u>	<u>1000</u>	<u>✓</u>

REMARKS:

SIGNED:

Albert Rodriguez