

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

District I - (575) 393-6166  
1625 N. French Dr., Hobbs, NM 88240

**HOBBS OGD**

Energy, Minerals and Natural Resources

Revised July 18, 2013

District II - (575) 748-1283

811 S. First St., Artesia, NM 88203

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

**JUL 09 2018 RECEIVED**

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-07620
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 29
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3609' 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 Temporarily Abandoned

2. Name of Operator  
Occidental Permian, Ltd

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

4. Well Location  
Unit Letter G : 1985 feet from the North line and 1988 feet from the East line  
Section 5 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:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- OTHER: Casing integrity test/TA status request
- ALTERING CASING
- P AND A

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: 06/26/2018  
Pressure readings: Inital - 580 PSI Ending - 580 PSI  
Length of test: 32 minutes  
Witnessed: Yes - Gary Robinson - 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 A Johnson TITLE Admin. Associate DATE 07/06/2018

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

For State Use Only

APPROVED BY: Gary Robinson TITLE Compliance Officer DATE 7-18-18

Conditions of Approval (if any):

**HOBBS OCD**  
**JUL 09 2018**  
**RECEIVED**

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

**BRADENHEAD TEST REPORT**

Operator Name OCCIDENTAL PERMIAN, LTD	API Number 30-025-07620
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 29

**7. Surface Location**

UL - Lot G	Section 5	Township 19-S	Range 38-E	Feet from 1985	N/S Line NORTH	Feet From 1988	E/W Line EAST	County LEA
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**Well Status**

Well Status	<del>SHUT-IN</del> T/A	PRODUCING INJ	DATE 6-26-18
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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 Csnrg	(E)Tubing
Pressure	0	0	N/A	0	NONE
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	
Steady Flow	Y/N	Y/N	Y/N	Y/N	
Surges	Y/N	Y/N	Y/N	Y/N	
Down to nothing	Y/N	Y/N	Y/N	Y/N	
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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 <i>[Signature]</i>
E-mail Address: mendy_johnson@oxy.com	
Date: 7/6/18	Phone: 806-592-6280
Witness: <i>Greg Robinson</i>	



# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240  
505-595-1016

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