

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 87422
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

HOBBS OCD
JUL 09 2018
RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-26933
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
8. Well Number 422
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 H : 1550 feet from the North line and 1300 feet from the East line
Section 25 Township 18-S Range 37-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3660' GR

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: 06/25/2018

Pressure readings: Initial - 460 PSI Ending - 440 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

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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 OCCIDENTAL PERMIAN, LTD	API Number 30-025-26933
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 422

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
H	25	18-S	37-E	1550	NORTH	1300	EAST	LEA

Well Status

Well Status <i>ACTIVE</i>	SHUT-IN <i>No</i>	PRODUCING <i>INT</i>	DATE <i>6-25-18</i>	Way Injector <i>on gas</i>
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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 Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>180</i>	<i>1524</i>
Flow Characteristics					
Puff	<i>N/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>

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

Need to choke back thg. max inj. pres. is 1100 PSI.

Talked with Gort

well is on gas injection head psi

Allowed yes ok

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: <i>mendy_johnson@oxv.com</i>	
Date: <i>7/6/18</i>	
Phone: 806-592-6280	
Witness: <i>Gary Robinson</i>	

MIDNIGHT

HOBBS OGD

JUL 09 2018

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Graphic Controls

DATE

6-25-18

BR 2221

PRINTED IN U.S.A.

6 PM

6 AM

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NOON

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MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240
505-393-1016

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