

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 87410

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

WELL API NO.

30-025-28348

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Hobbs G/SA Unit

8. Well Number 145

9. OGRID Number

157984

10. Pool name or Wildcat

Hobbs; Grayburg - San Andres

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 N : 577 feet from the S line and 1984 feet from the W line

Section 3 Township 19S Range 38E NMPM County Lea

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

3606' 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: ☐

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.

- 7/19/18 - MIRU x NDWH x NUBOP
- 7/20/18 - POOH 5 1/2" inj pkr x 2 7/8" tbg.
- 7/20/18 - Dumped 4 1/2 ssx cmt x tagged TOC @ 4460'
- 7/20/18 - RIH 5 1/2" CIBP @ 4458 x RIH pkr @ 4239
- 7/21/18 - RIH 2 7/8 jts tbg @ 4234' x on/off tool @ 4235'
- 7/23/18 - Ran MIT - chart attached

\*\*\*Well returned to injection\*\*\*

Spud Date:

07/19/2018

Rig Release Date:

07/23/2018

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

08/10/2018

Type or print name

April Hood

E-mail address:

April\_Hood@Oxy.com

PHONE:

713-366-5771

For State Use Only

APPROVED BY:

Maya Brown

TITLE

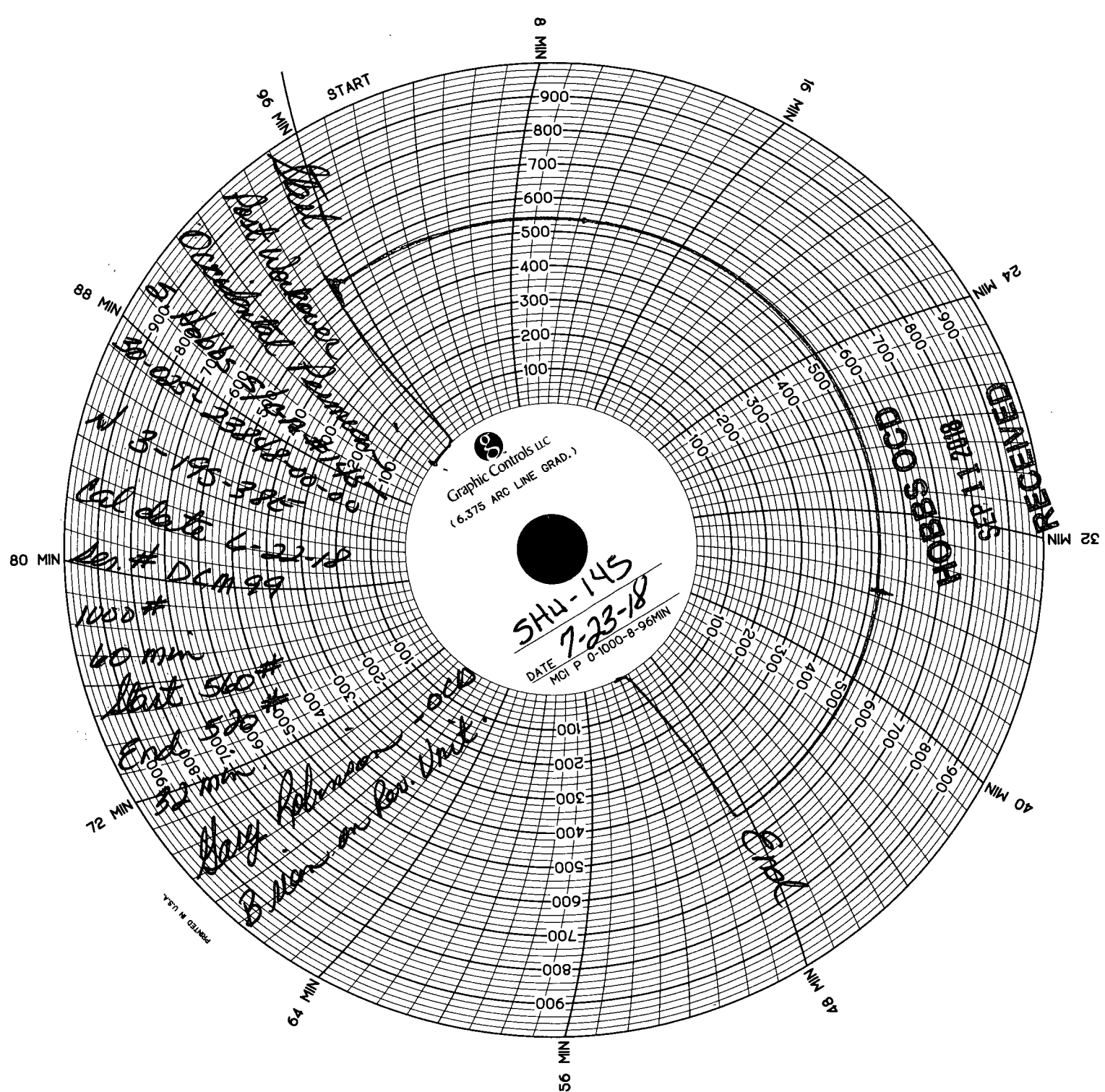
AO/I

DATE

9/11/2018

Conditions of Approval (if any):

RBDMS - CHART - ✓



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

BRADENHEAD TEST REPORT

|                                            |  |                                   |
|--------------------------------------------|--|-----------------------------------|
| Operator Name<br><b>OCCIDENTAL Permian</b> |  | API Number<br><b>30-025-28348</b> |
| Property Name<br><b>S. Hobbs G/SA</b>      |  | Well No.<br><b># 145</b>          |

Surface Location

|          |         |          |       |           |          |           |          |        |
|----------|---------|----------|-------|-----------|----------|-----------|----------|--------|
| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|---------|----------|-------|-----------|----------|-----------|----------|--------|

Well Status

|                  |           |                |           |            |                 |                 |     |                        |
|------------------|-----------|----------------|-----------|------------|-----------------|-----------------|-----|------------------------|
| TA'D WELL<br>YES | <b>NO</b> | SHUT-IN<br>YES | <b>NO</b> | <b>INJ</b> | INJECTOR<br>SWD | PRODUCER<br>OIL | GAS | DATE<br><b>7-23-18</b> |
|------------------|-----------|----------------|-----------|------------|-----------------|-----------------|-----|------------------------|

OBSERVED DATA

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

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

**Post Workover**

**HOBBS OCD**

**SEP 11 2018**

**RECEIVED**

|                               |        |                           |
|-------------------------------|--------|---------------------------|
| Signature:                    |        | OIL CONSERVATION DIVISION |
| Printed name:                 |        | Entered into RBDMS        |
| Title:                        |        | Re-test                   |
| E-mail Address:               |        |                           |
| Date:                         | Phone: |                           |
| Witness: <b>Gary Robinson</b> |        |                           |

INSTRUCTIONS ON BACK OF THIS FORM

# Wellbore Diagram : SHOU-145K03

