

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 87400  
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  
OCT 29 2018  
RECEIVED

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

WELL API NO. 30-025-43104
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 South Hobbs (G/SA) Unit
8. Well Number 267
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3600' GR

**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 **D** : **165** feet from the **North** line and **667** feet from the **West** line  
Section **9** Township **19-S** Range **38-E** NMPM **Lea** County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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: <b>Casing integrity test</b> <input checked="" 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.

Date of test: 10/17/2018  
Pressure readings: Initial - 600 PSI Ending - 590 PSI  
Length of test: 30 minutes  
Witnessed: Yes - Kerry Fortner - NMOCD

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 10/23/2018

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 11/16/18  
Conditions of Approval (if any):

**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 30-025-43104
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 267

**7. Surface Location**

UL - Lot D	Section 9	Township 19-S	Range 38-E	Feet from 165	N/S Line NORTH	Feet From 667	E/W Line WEST	County LEA
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**Well Status**

Well Status	SHUT-IN N	PRODUCING IMS	DATE 10-17-18	WPG Inspector
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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 Csgng	(E)Tubing
Pressure	0	—	—	0	1100
<b>Flow Characteristics</b>					
Puff	0/N	Y/N	Y/N	0/N	
Steady Flow	Y/0	Y/N	Y/N	Y/0	
Surges	Y/0	Y/N	Y/N	Y/0	
Down to nothing	0/N	Y/N	Y/N	0/N	
Gas or Oil	Y/0	Y/N	Y/N	Y/0	
Water	Y/0	Y/N	Y/N	Y/0	

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

T36 psi    Sour CO2    1600 #  
 Water    1100 #

MIT / BHT  
 (JA) MacLuskey  
 Ser # 0733  
 Cal 9/25/18

Signature: <i>Mendy Johnson</i>	OIL CONSERVATION DIVISION
Printed name: MENDY JOHNSON	Entered into RBDMS
Title: ADMINISTRATIVE ASSOCIATE	Re-test
E-mail Address: mendy_johnson@oxy.com	<i>JA</i>
Date: 10/23/18	Phone: 806-592-6280
Witness: Kerry Fortner - ocd	

399-3221

# MACLASKEY OILFIELD SERVICES

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

THIS IS TO CERTIFY THAT:

DATE 9-25-18

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

SERIAL NUMBER

95001

TESTED AT THESE POINTS.

PRESSURE <u>500</u>		
TEST	AS FOUND	CORRECTED
<u>0</u>	<u>100</u>	<u>✓</u>
<u>100</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:

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SIGNED: Albert Padilla