

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

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

RECEIVED
 MAY 30 2019
 HOBBS, NM

WELL API NO. 30-025-42594
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 253
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625' KB

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG 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 L : 2400 feet from the S line and 731 feet from the W line
 Section 4 Township 19S Range 38E NMPM County Lea

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

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

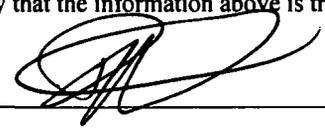
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/22/18: MIRU x NDWH x NUBOP. 10/23/18: POOH 134 jts 2 7/8" tbg x pkr x inj equipment. RIH 7" cibp @4710' x dump bailed 8' cmt on top. Tagged toc @4702'. RIH 7" inj pkr @4410' x 134 jts 2 7/8" tbg @ x on/off tool.
 10/24/18: Ran MIT - chart attached. RD x NDBOP x NUWH.

3/27/19: MIRU x NDWH x NUBOP. 3/28/19: POOH 134 jts 2 7/8" tbg x pkr x inj equipment. RIH x dumped 13' of cement on top of cibp @4703'. RIH 7" as1-x inj pkr @4418' x 135 jts 2 7/8" tbg @4410 x on/off tool.
 3/29/19: Ran MIT - chart attached. RD x NDBOP x NUWH.

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  TITLE Regulatory Specialist DATE 05/14/2019

Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY:  TITLE Compliance Officer A DATE 6-14-19
 Conditions of Approval (if any)

District I
 1625 N French Dr, Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>Occidental Permian LTD</i>		API Number <i>300-28-42594</i>
Property Name <i>South Hobbs GSA unit</i>		Well No. <i>253</i>

1. Surface Location									
UL - Lot <i>L</i>	Section <i>24</i>	Township <i>19S</i>	Range <i>38-E</i>		Feet from <i>2400</i>	N/S Line <i>S</i>	Feet From <i>731</i>	E/W Line <i>W</i>	County <i>Lea</i>

Well Status									
TA'D WELL YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	SHUT-IN NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE <i>3-29-19</i>	

OBSERVED DATA

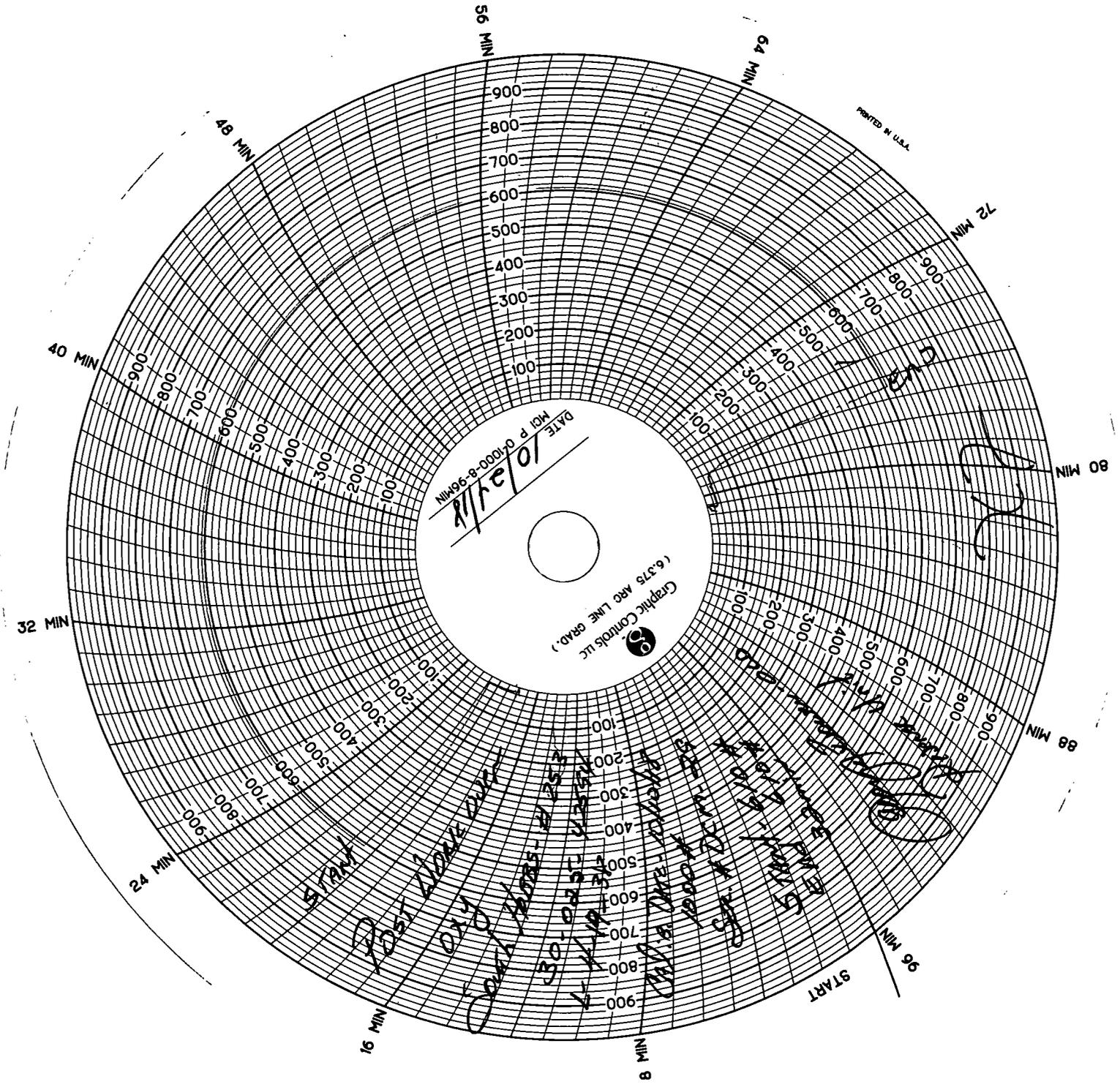
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					<i>NOT INT.</i>
Puff	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 —
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR —
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS —
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Waterflood if
					applies

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

*Rev. Unit PDS
 Serial # 12517
 Cal date: 1/18/19
 Start 560 Finish 570*

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test <i>XJ</i>
E-mail Address:		
Date:	Phone:	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM



DATE 10/2/11
 MIC P 0-1000-8-95MIN

Graphic Controls LLC
 (6.375 AND LINE GRAD.)

1000
 900
 800
 700
 600
 500
 400
 300
 200
 100
 8 MIN
 16 MIN
 24 MIN
 32 MIN
 40 MIN
 48 MIN
 56 MIN
 64 MIN
 72 MIN
 80 MIN
 88 MIN
 96 MIN
 START

MADE IN U.S.A.

