

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

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

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-05499	
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 North Hobbs (G/SA) Unit	
8. Well Number 441	
9. OGRID Number 157984	
10. Pool name or Wildcat Hobbs (G/SA)	
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:		SUBSEQUENT REPORT OF:	
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: Casing integrity test <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: 06/26/2019  
Pressure readings: Initial - 600 PSI Ending - 580 PSI  
Length of test: 32 minutes  
Witnessed: Yes - Gary Robinson - NMOCD

HOBBS OCD  
JUL 12 2019  
RECEIVED

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 Well Surveillance Lead

DATE 07/11/19

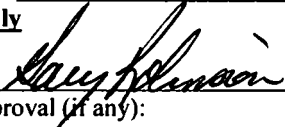
Type or print name Justin Saxon

E-mail address: Justin\_Saxon@oxy.com

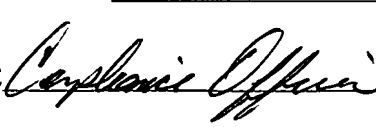
PHONE: 575-397-8206

For State Use Only

APPROVED BY:



TITLE



DATE 7-16-19

Conditions of Approval (if any):

MIDNIGHT

Graphic Controls

DATE

BR 2221

NOON

6 AM

PRINTED IN U.S.A. 6 PM

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

BRADENHEAD TEST REPORT

Operator Name <i>Occidental Permian</i>		API Number <i>30-025-05499</i>
Property Name <i>North Hobbs</i>		Well No. <i>441</i>

2. Surface Location

UL - Lot <i>P</i>	Section <i>25</i>	Township <i>18-S</i>	Range <i>37-E</i>	Feet from <i>990</i>	N/S Line <i>South</i>	Feet From <i>330</i>	E/W Line <i>East</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE <i>6-26-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>No Gauge</i>
Flow Characteristics					
Puff	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	WTR <input type="checkbox"/>
Surges	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	GAS <input type="checkbox"/>
Down to nothing	<i><input checked="" type="radio"/> Y / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i><input checked="" type="radio"/> Y / N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	
Water	<i>Y / <input checked="" type="radio"/> N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <input checked="" type="radio"/> N</i>	

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

*UIC*

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

INSTRUCTIONS ON BACK OF THIS FORM