

Submit 1 Copy To Appropriate District

Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1234

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.

30-025-35305

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 242

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 ☐ Temporarily Abandoned

2. Name of Operator  
Occidental Permian, Ltd

3. Address of Operator  
1017 West Stanolind Road, Hobbs, NM 88240

4. Well Location

Unit Letter H : 1556 feet from the North line and 1102 feet from the East line  
Section 5 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3617' 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/TA status request ☒

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: 06/25/19

Pressure readings: Initial - 580 PSI Ending - 560 PSI

Length of test: 32 minutes

Witnessed: Yes - Gary Robinson NMOCD

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 12-25-19  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: XZ

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

Conditions of Approval (if any):

PRINTED IN U.S.A.

6 PM

MIDNIGHT

6 AM

NOON

Graphic Controls

DATE 6-25-19  
BR 2221

Col date 4-22-19  
In. # 500250/900  
60 min.  
Start 500 #  
End 500 #  
32 min.  
Bright green - 600  
Green at 600

600 #



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

BRADENHEAD TEST REPORT

Operator Name <i>Occidental Petroleum</i>		API Number <i>30-025-35305</i>
Property Name <i>South Hobbs</i>		Well No. <i>242</i>

2. Surface Location

UL - Lot <i>A</i>	Section <i>5</i>	Township <i>19-S</i>	Range <i>38-E</i>	Feet from <i>1556</i>	N/S Line <i>North</i>	Feet From <i>1102</i>	E/W Line <i>East</i>	County <i>Lea</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <i>6-25-19</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>None</i>
Flow Characteristics					
Puff	<i>Y / <del>N</del></i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <del>N</del></i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y / <del>N</del></i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <del>N</del></i>	WTR <input type="checkbox"/>
Surges	<i>Y / <del>N</del></i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <del>N</del></i>	GAS <input type="checkbox"/>
Down to nothing	<i><del>Y</del> / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i><del>Y</del> / N</i>	Type of Fluid
Gas or Oil	<i>Y / <del>N</del></i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <del>N</del></i>	Injected for
Water	<i>Y / <del>N</del></i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / <del>N</del></i>	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.

*T/A*

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

INSTRUCTIONS ON BACK OF THIS FORM

