

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., Artesia, NM 87410
District IV - (505) 432-3400
1220 S. St. Francis, 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.

30-025-12765

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 87

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 ☐ Injector

2. Name of Operator
Occidental Permian, Ltd

3. Address of Operator
1017 West Stanolind Road, Hobbs, NM 88242

4. Well Location

Unit Letter K : 1650 feet from the South line and 2310 feet from the West line
Section 10 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3593' KB

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 ☒

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.

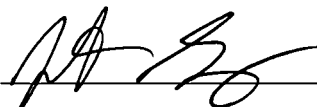
Date of test: 07-16-19
Pressure readings: Initial - 570 PSI Ending - 580 PSI
Length of test: 32 minutes
Witnessed: Yes - Gary Robinson - NMOCD

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



TITLE Well Surveillance Lead

DATE 07/22/19

Type or print name Justin Saxon

E-mail address: Justin_Saxon@oxy.com

PHONE: 575-397-8206

For State Use Only

APPROVED BY:



TITLE Compliance Officer

DATE 7-26-19

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 OCCIDENTAL PERMIAN, LTD	API Number 30-025-12765
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 87

7. Surface Location

UL - Lot K	Section 10	Township 19-S	Range 38-E	Feet from 1650	N/S Line SOUTH	Feet From 2310	E/W Line WEST	County LEA
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Well Status

Well Status ACTIVE	SHUT-IN No	PRODUCING INJ	DATE 7-16-19
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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 Casing	(E)Tubing
Pressure	0	See Remarks	N/A	0	No Gauge
Flow Characteristics		Cemented (OK)			
Puff	Y/N	Y/N	Y/N	Y/N	
Steady Flow	Y/N	Y/N	Y/N	Y/N	
Surges	Y/N	Y/N	Y/N	Y/N	
Down to nothing	Y/N	Y/N	Y/N	Y/N	
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

Handwritten note: The valve needs to be changed by the end of the year. The gate valve under ground will be handled.

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