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

HOBBS OCD
JUL 23 2019
RECEIVED

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. 30-025-07658	
5. Indicate Type of Lease STATE ☐ FEE ☑	
6. State Oil & Gas Lease No.	
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.)	7. Lease Name or Unit Agreement Name: South Hobbs (G/SA) Unit
1. Type of Well: Oil Well ☐ Gas Well ☐ Other Temporarily Abandoned	8. Well Number 62
2. Name of Operator: Occidental Permian, Ltd	9. OGRID Number 157984
3. Address of Operator: 1017 West Stanolind Road, Hobbs, NM 88242	10. Pool name or Wildcat: Hobbs (G/SA)
4. Well Location: Unit Letter D : 660 feet from the North line and 660 feet from the West line; Section 9 Township 19-S Range 38-E NMPM Lea County	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3604' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: Casing integrity test/TA status extension 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: 07/15/2019
Pressure readings: Initial - 630 PSI Ending - 630 PSI
Length of test: 32 minutes
Witnessed: Yes - Gary Robinson - NMOCD

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: 1-15-20
Well needs to be PLUGGED OR RETURNED to PRODUCTION
BY THE DATE STATED ABOVE: KF

Spud Date: | Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

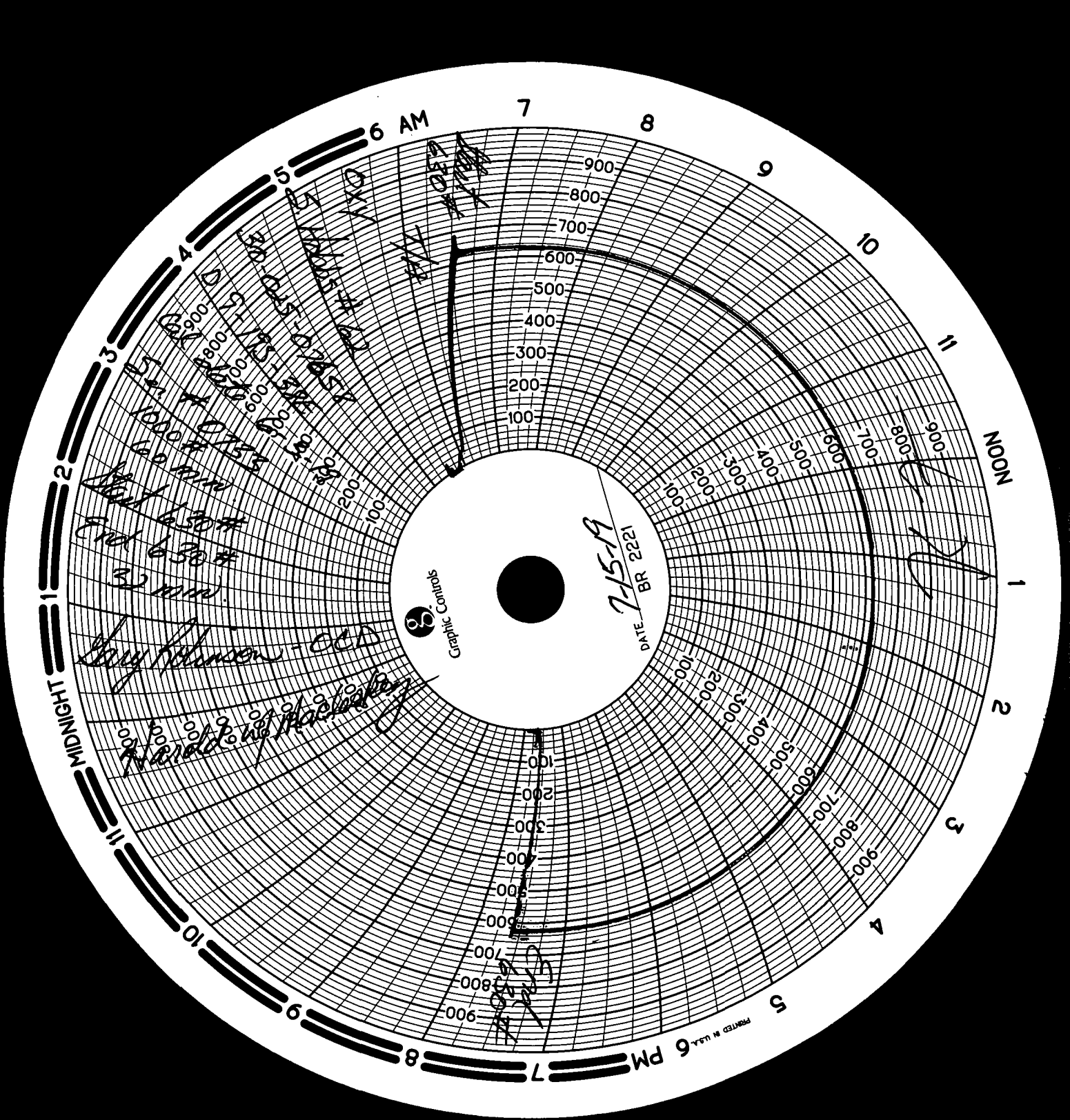
SIGNATURE [signature] TITLE Well Surveillance Lead DATE 07/22/19

Type or print name Justin Saxon E-mail address: Justin_Saxon@oxy.com PHONE: 575-397-8206

For State Use Only

APPROVED BY: [signature] TITLE C.O.A DATE 8-14-19

Conditions of Approval (if any):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Graphic Controls
DATE 7-15-9
BR 2221
PRINTED IN U.S.A.

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	API Number
Occidental Permian	30-025-07658
Property Name	**Well No.**
South Hobbs Unit	62

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
D	9	19-S	38-E		660	North	660	West	Lea

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	NO	YES	NO	INJ	SWD	OIL	GAS	7-15-19

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	N/A	N/A	N/A	0	NONE
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / (N)	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / (N)	WTR ___
Surges	Y / N	Y / N	Y / N	Y / (N)	GAS ___
Down to nothing	Y / N	Y / N	Y / N	(Y) N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / N	Y / N	Y / N	Y (N)	
Water	Y / N	Y / N	Y / N	Y (N)	

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: Gary Robinson	

INSTRUCTIONS ON BACK OF THIS FORM