

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) 334-6111  
 1000 Rio Brazos Rd., Hobbs, 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

**HOBBS OCD**  
**RECEIVED**  
**AUG 22 2019**

WELL API NO. 30-25-42697
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 259
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625.4' KB

**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, 88240

4. Well Location  
 Unit Letter I : 2018 feet from the South line and 557 feet from the East line  
 Section 4 Township 19-S Range 38-S NMPM Lea County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: 08/12/19  
 Pressure readings: Initial - 520 PSI Ending - 515 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 [Signature] TITLE Well Surveillance Lead DATE 8-21-19

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 Compliance Officer DATE 8-26-19  
 Conditions of Approval (if any):

NOON

1

2

3

4

5

PRINTED IN U.S.A. 6 PM

7

8

9

10

11

MIDNIGHT

7

6 AM

5

4

3

2

10

9

8

900

800

700

600

500

400

300

200

100

0

100

200

300

400

500

600

700

800

900

DATE 8-12-55  
BR 2221

Graphic Controls



Handwritten notes and scribbles in the upper left quadrant.

Handwritten notes and scribbles in the lower left quadrant, including the name "S. Abbas" and various illegible markings.

Handwritten notes and scribbles in the lower center quadrant, including the name "S. Abbas" and various illegible markings.

Handwritten notes and scribbles in the lower right quadrant, including the name "S. Abbas" and various illegible markings.

Handwritten notes and scribbles in the upper right quadrant.

**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 30-025-42697
Property Name SOUTH HOBBS (G/SA) UNIT	Well No. 259

**7. Surface Location**

UL - Lot I	Section 4	Township 19S	Range 38E	Feet from 2018	N/S Line SOUTH	Feet From 557	E/W Line EAST	County LEA
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**Well Status**

Well Status <i>ACTIVE</i>	SHUT-IN <i>No</i>	PRODUCING <i>INT</i>	DATE <i>8-12-19</i>
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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 Csnrg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1509</i>
<b>Flow Characteristics</b>					
Puff	<i>(Y) N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	
Steady Flow	<i>Y (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	
Surges	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	
Down to nothing	<i>(Y) N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>(Y) N</i>	
Gas or Oil	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	
Water	<i>Y / (N)</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / (N)</i>	

**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

*OIC*

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