

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-3824
 811 S. First St., Aztec, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3480
 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

RECEIVED
SEP 05 2019
HOBBS OGD

WELL API NO. 30-025-35349
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 North Hobbs (G/SA) Unit
8. Well Number 644
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3643' GL

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
OXY PERMIAN, LTD

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

4. Well Location
 Unit Letter L : 1639 feet from the South line and 638 feet from the West line
 Section 27 Township 18-S Range 38-E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data / p^m

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/TA status extension request <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: 09-03-2019
 Pressure readings: Initial - 560 PSI Ending - 540 PSI
 Length of test: 32 minutes
 Witnessed: Yes - Kerry Fortner - NMOCD

FINAL TA STATUS- EXTENSION
 Approval of TA EXPIRES: 9-3-22
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: XF

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 _____

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE C.O. A DATE 9-6-19
 Conditions of Approval (if any): _____

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

BRADENHEAD TEST REPORT

Operator Name OXY PERMIAN, LTD	API Number 30-025-35349
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 644

7. Surface Location

UL - Lot L	Section 27	Township 18-S	Range 38-E	Feet from 1639	N/S Line SOUTH	Feet From 638	E/W Line WEST	County LEA
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Well Status

TA'D Well <input checked="" type="radio"/> Yes <input type="radio"/> No	SHUT-IN <input checked="" type="radio"/> Yes <input type="radio"/> No	INJECTOR INJ	SWD	PRODUCING <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE 9-3-19
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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 Csgng	(E)Tubing
Pressure	0	NA	NA	0	TA
Flow Characteristics					
Puff	Y / Ø	Y / N	Y / N	Ø / N	CO2 ___
Steady Flow	Y / Ø	Y / N	Y / N	Y / Ø	WTR ___
Surges	Y / Ø	Y / N	Y / N	Y / Ø	GAS ___
Down to nothing	Ø / N	Y / N	Y / N	Ø / N	Type of Fluid
Gas or Oil	Y / Ø	Y / N	Y / N	Y / Ø	Injected for
Water	Y / Ø	Y / N	Y / N	Y / Ø	Water Flood if applies

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

Signature:	OIL CONSERVATION DIVISION
Printed name: JUSTIN SAXON	Entered into RBDMS
Title: WELL SURVEILLANCE LEAD	Re-test 
E-mail Address: Justin_Saxon@oxy.com	
Date: 9-3-19	Phone: 575-397-8206
Witness: <i>Kerry Forner OOD</i>	

399-3221



