

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) 478-4400

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

<p>SUNDARY 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.)</p>		<p>WELL API NO. 30-025-27139</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>
<p>2. Name of Operator Occidental Permian LTD</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator PO Box 4294 Houston, TX 77210</p>		<p>7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit</p>
<p>4. Well Location Unit Letter L : 1400 feet from the S line and 1300 feet from the E line Section 32 Township 18S Range 38E NMPM County Lea</p>		<p>8. Well Number 132</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3629' GL</p>		<p>9. OGRID Number 157984</p>
<p>10. Pool name or Wildcat Hobbs; (G/SA)</p>		

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: ☐

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.

4/22/19: MIRU x NDWH x NUBOP. POOH 127 jts 2 7/8" tbg x 5 1/2" inj equipment.

4/23/19: RIH x tagged @ 4331' x dumped 30' cmt. RIH x tagged cmt @ 4305'.

4/24/19: RIH 5 1/2" as1-x inj packer @ 3803'.

4/25/19: RIH 115 2 7/8" tbg @ 3773' x on/off tool. Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

4/22/19

Rig Release Date:

4/25/19

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

SIGNATURE

April Hood

TITLE Regulatory Specialist

DATE 09/06/2019

Type or print name April Hood

E-mail address: April_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

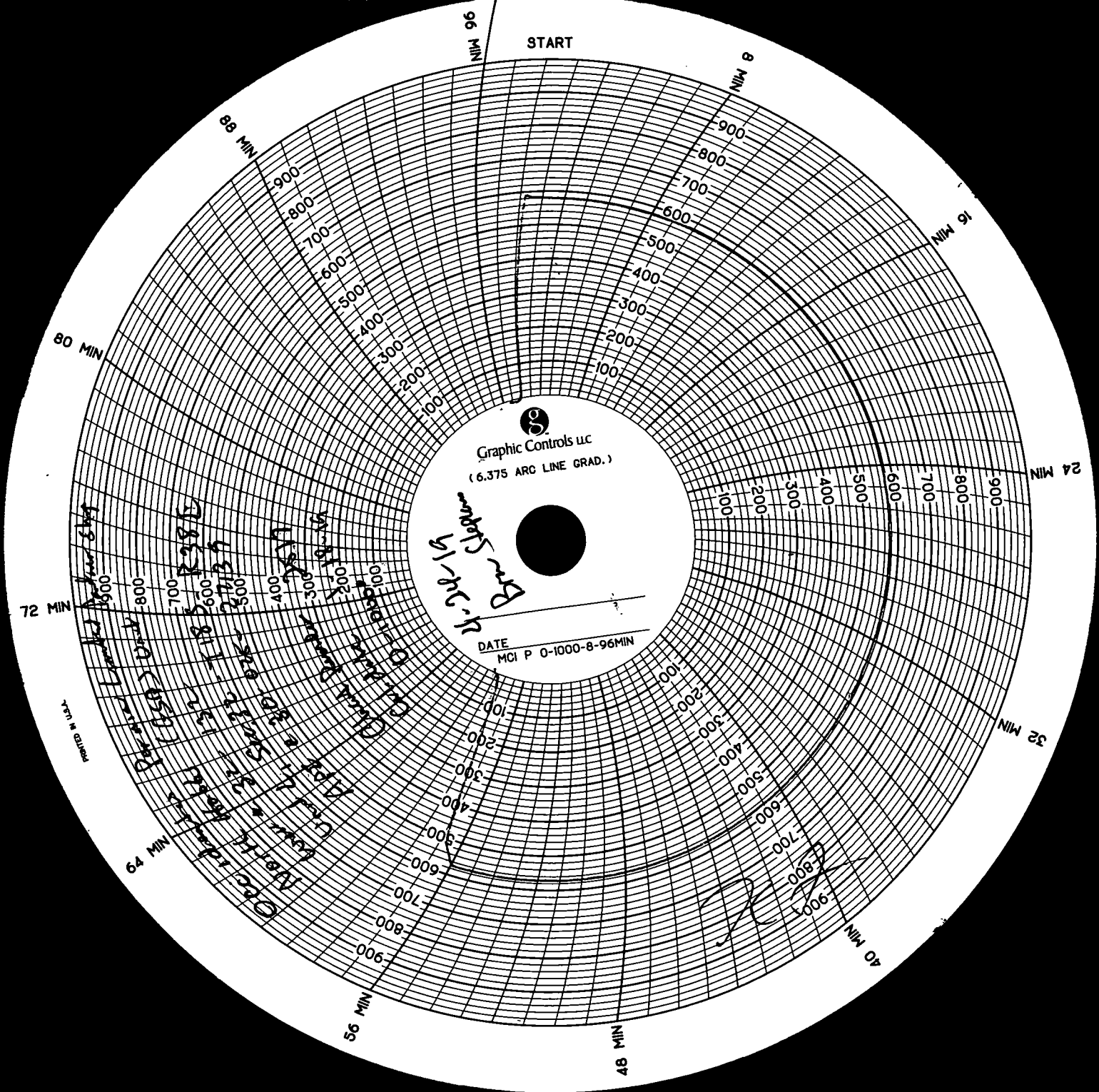
APPROVED BY:

Kerry Fortner

TITLE C. O. A

DATE 9-20-19

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 <i>Occidental Permian Limited Partnership</i>		API Number <i>30-025-2239</i>
Property Name <i>North Hobbs GSA Unit</i>		Well No. <i>32-182</i>

2. Surface Location

UL - Lot <i>L</i>	Section <i>32</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>1400</i>	N/S Line <i>S</i>	Feet from <i>1300</i>	E/W Line <i>W</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D WELL YES <input checked="" type="radio"/> NO <input type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR YES <input checked="" type="radio"/> NO <input type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input type="radio"/>	DATE <i>4-24-15</i>
--	--	---	--	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>	<i>/</i>	<i>/</i>	<i>0</i>	<i>0</i>
Flow Characteristics					<i>Not in</i>
Puff	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	WTR <input type="checkbox"/>
Surges	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	GAS <input type="checkbox"/>
Down to nothing	<i>0 / N</i>	<i>Y / N</i>	<i>Y / N</i>	<i>0 / N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	
Water	<i>Y / 0</i>	<i>Y / N</i>	<i>Y / N</i>	<i>Y / 0</i>	

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

Reverse Unit PDS
Serial 2017
Cal 1-18-19
Start 580 End 570
Post workover MBE

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

INSTRUCTIONS ON BACK OF THIS FORM