

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-28885

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs G/SA Unit

8. Well Number 442

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
PO Box 4294 Houston, TX 77210

4. Well Location

Unit Letter P : 1230 feet from the S line and 220 feet from the E line
Section 29 Township 18S Range 38E NMPM County Lea

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

3643' GL

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.

5/29/19: MIRU x NDWH x NUBOP. 5/30/19: POOH 119 jts 3 1/2" tbg x 7" inj equipment. RIH 6 1/8" bit x tagged @ 4259'. RIH 7" cizr @ 3910'. 5/31/19: Pumped 100 sxs thixotropic cmt followed by class c cmt. Pumped 65 bbls cmt into formation x squeezed perfs to 2500 psi. Stung out of retainer x reversed out. 6/3/19 - 6/7/19: Drilled cement from 3913' through old cibp to 4327'. RIH x tagged @ 4327'. 6/10/19: RIH 5 1/2" liner @ 4327'. Pumped 70 sxs 14.8# cmt x displaced w/ 24.5 bbls. Reversed out w/ 30 bbls. 6/11/19: RIH tagging liner top @ 3785' x tagging cmt inside liner @ 3845'. Drilled cmt from 3845' down to 4322' 6/12/19: Ran CBL inside 5 1/2" liner from 4327' to TOL @ 3785'. Shoot new perfs @ 4185' - 4288' w/ 272holes. Performed 7 setting ppi job w/ 3000 gals 15% nefe acid.
6/13/19: RIH 5 1/2" injection pkr @ 4094 x 12 2 7/8" tbg @ 4086 x 122 3 1/2" tbg @ 3694. Ran MIT - chart attached.
RD x NDBOP x NUWH.

Spud Date:

5/29/19

Rig Release Date:

6/13/19

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

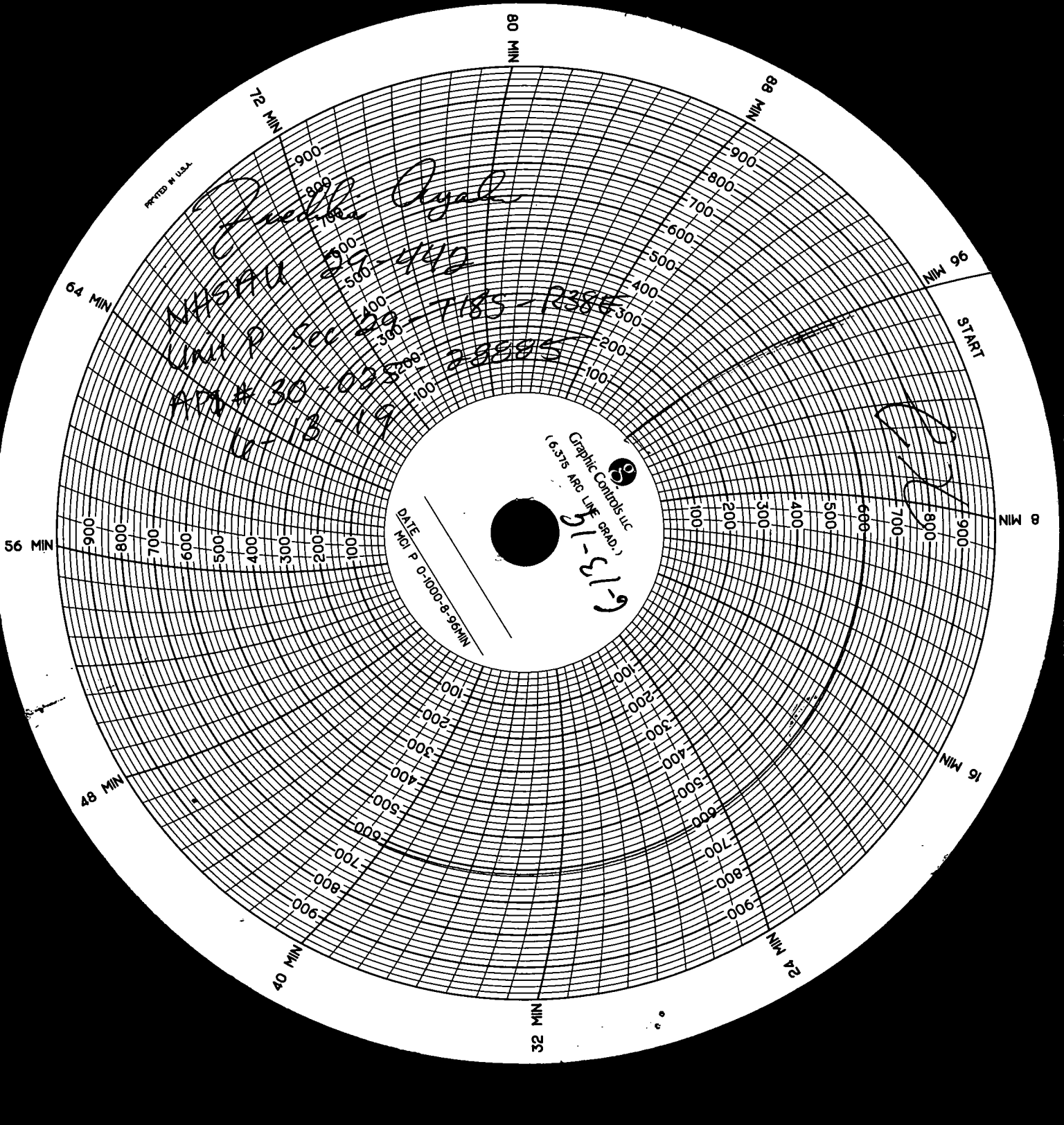
SIGNATURE April Hood TITLE Regulatory Specialist DATE 09/10/2019

Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY: Kerry Forte TITLE C. O. A DATE 9-20-19

Conditions of Approval (if any)



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 <u>Occidental Permian, LTD</u>		API Number <u>30-025-28885</u>
Property Name <u>North Hobbs (GSA) Unit</u>		Well No. <u>29-442</u>

1. Surface Location

UL - Lot <u>P</u>	Section <u>29</u>	Township <u>T16S</u>	Range <u>R38E</u>	Feet from <u>2400</u>	N/S Line	Feet from	E/W Line	County <u>Lea</u>
----------------------	----------------------	-------------------------	----------------------	--------------------------	----------	-----------	----------	----------------------

Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES	NO	INJECTOR <input checked="" type="radio"/> (INJ)	SWD	OIL PRODUCER OIL	GAS	DATE <u>6-13-19</u>
------------------	-------------------------------------	---	----	--	-----	---------------------	-----	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>	<u>—</u>	<u>—</u>	<u>0</u>	<u>0</u>
Flow Characteristics					<u>Not Inj</u>
Puff	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	CO2 <u>—</u>
Steady Flow	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	WTR <u>—</u>
Surges	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	GAS <u>—</u>
Down to nothing	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	Type of Fluid
Gas or Oil	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	Injected for
Water	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	<u>Y / N</u>	Waterflood if
					applies

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

Rev. Unit

Ser #

Cal #

Start - 600 psi

End - 620 psi

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

INSTRUCTIONS ON BACK OF THIS FORM