

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 88203
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
RECEIVED
SEP 13 2019

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-42647
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit
8. Well Number 256
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 I : 2188 feet from the S line and 657 feet from the E line
Section 4 Township 19S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3625' KB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: <input 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.

4/10/19: MIRU x NDWH x NUBOP. 4/22/19: POOH 114 jts 2 7/8" tbg x 7" inj equipment.
4/24/19: RIH x tagged high @5000'. Dumped 3 sxs of cement inside tbg.
4/25/19: RIH x tagged TOC @ 5025'. RIH 144 2 7/8" tbg x 7" as1-x inj packer @ 4722'.
4/26/19: Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date: 4/10/19

Rig Release Date: 4/26/19

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 Jeter 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 OCCIDENTAL PERMIAN, LTD		API Number 30-025-42647-0000
Property Name SOUTH HOBBS G/SA UNIT		Well No. 256

7. Surface Location

UL - Lot 1	Section 4	Township 19-S	Range 38-E	Feet from 2188	N/S Line S	Feet From 657	E/W Line E	County LEA
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Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> INJ SWD	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	4/26/19

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Cnsg	(E)Tubing
Pressure	0	0	0	0	0
Flow Characteristics					<i>NOT RUN</i>
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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

POST WORKOVER MIT

*Production downhole
 Ser # 12517
 cal 1-18-19*

*Start 530#
 End 520#*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 4/26/19	Phone:
Witness: KERRY FORTNER-OCD 575-399-3221	