

Submit 1 Copy To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

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) 476-7450
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD
RECEIVED
SEP 13 2019

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-07481
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
8. Well Number 131
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3656' 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 PO Box 4294 Houston, TX 77210
4. Well Location Unit Letter L : 2310 feet from the S line and 330 feet from the W line
Section 30 Township 18S Range 38E NMPM County Lea

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 [X] 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.

5/6/19: MIRU x NDWH x NUBOP. 5/7/19: POOH 2 7/8" x 2 3/8" tbg x 5" inj equipment. RIH x tagged @ 4263'. RIH 5" cigr @ 4250'.
5/8/19: Pumped 94 bbls cmt x squeezed perms w/ 2500 psi. Stung out x reversed out. 5/9/19 - 5/14/19: RIH x tagged @ 3950'. Drilled cigr from 3950' to 4370'. 5/16/19: RIH 4" liner @4370'. Pumped 6.7 bbls 12.6# cmt followed by 5.8 bbls 14.8# cmt w/ 16 bbls BW.
5/17/19: - 5/21/19: Tagged cmt @3365'. Drilled cmt from 3365' to 4026'. RIH x tagged @ 4349'. Ran CBL log on 4" liner up to 3764'.
5/22/19: RIH w/ 4" rbp, @ 3818'. Dumped 1 sxs of sand on top of rbp. Spotted 25 sxs cmt on top of liner. RIH pkr @ 3164' x tested liner top to 1500 psi getting .75 bbl cmt into liner top when it held 1500psi. 5/23/19 - 5/28/19: RIH w/ 4 1/4" bit x tagged @ 3400'. Drilled from 3400' to 3805'. Washed sand from 3805' to 3821'. 5/29/19: Shot perf's 4230' - 4342'. Pumped 4100 gals 15% NEFE acid in 7 settings. RIH pkr @ 4174' x cont pumping acid @ 1.5 bbls a min w/ 1500 psi x flushed w/ 30 bbls BW. 5/30/19: RI 4" as1-x injection pkr @ 4150 x 128 2 7/8" tbg @ 3728. Circ well w/ 80 bbls PF. RIH 128 2 3/8" tbg @ 4144 x 4" on/off. 5/31/19: Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date: 05/06/2019 Rig Release Date: 05/31/2019

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 09/09/2019

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

APPROVED BY: Kerry Fort 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 OXY		API Number 30-025-07481	
Property Name N. Hobbs		Well No. #131	

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
L	30	18S	38E	2310	S	330	W	LEA

Well Status

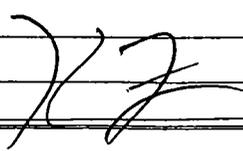
TA'D WELL	SHUT-IN	INJECTOR	SWD	PRODUCER	DATE		
YES	NO	YES	NO	INJ	OIL	GAS	5-31-19

OBSERVED DATA

	(A) Surface	(B) Interm 1	(C) Interm 2	(D) Prod Csg	(E) Tubing
Pressure	0	NA 0	NA	0	0
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

Post Workover TEST

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

INSTRUCTIONS ON BACK OF THIS FORM