

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. 30-025-42593
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 252
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625' 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 O-1) 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

HOBBS OCD  
OCT 02 2019  
RECEIVED

4. Well Location  
Unit Letter L : 2400 feet from the S line and 681 feet from the W line  
Section 4 Township 19S Range 38E NMPM County Lea

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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.

3/20/19: MIRU x NDWH x NUBOP. 3/21/19 - 3/25/19: POOH 157 jts 2 7/8" tbg x 7" inj equipment.  
Assess pkr failure. 3/26/19: RIH 7" injection packer @ 5123' x 156 jts 2 7/8" tbg x 7" lock set @ 5062'.  
Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date: 3/20/19 Rig Release Date: 3/26/19

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 09/30/2019

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. DATE 10-10-19  
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 <b>Occidental Permian, LTD</b>	API Number <b>30-025-42593-0000</b>
Property Name <b>South Hobbs G/SA Unit</b>	Well No. <b>252</b>

<sup>2</sup> Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
L	4	19S	38E	2400	S	681	W	LEA

Well Status

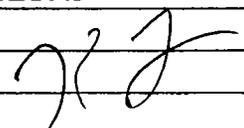
TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR YES <input checked="" type="radio"/> NO <input type="radio"/>	SWD <input type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE <b>3/23/19</b>
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**OBSERVED DATA**

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

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

Rev. unit. PPS  
 Serial # 12512  
 Cal. date. 1-18-19  
 start 560 Finish. 540

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

INSTRUCTIONS ON BACK OF THIS FORM