

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. 30-025-44822
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
8. Well Number 664
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3663' GR

**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 B : 334 feet from the N line and 1795 feet from the E line  
Section 23 Township 18S Range 37E NMPM County Lea

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

<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 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: <u>TA</u> <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.

8/29/19: MIRU x NDWH x NUBOP. POOH 133 jts 2 7/8" tbg x esp equipment.  
RIH 7" CIBP @ 4420' x dumped 3 sx cmt on top. 8/30/19: RIH x tagged TOC @ 4398'.  
Ran MIT - Chart attached. RD x NDBOP x NUWH. \*\*\* Well is currently TA'd\*\*\*

**HOBBS OCD**  
NOV 08 2019  
**RECEIVED**

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 8-30-24  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: XZ

08/30/2019

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

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

Type or print name April Santos E-mail address: April\_Hood@Oxy.com PHONE: 713-366-5771

**For State Use Only**

APPROVED BY: Kenny Forke TITLE C.O A DATE 11-15-19

Conditions of Approval (if any):

PRINTED IN U.S.A.

56 MIN

64 MIN

72 MIN

80 MIN

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DATE 8-30-69  
KOL P 0-1000-8-96MIN

*B. J. [Signature]*

Graphic Controls LC  
(6.375 ARC LINE GRAD.)

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START

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>30-025-44822</b>
Property Name	Well No. <b>2B-664</b>

**Surface Location**

BL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>B</b>	<b>23</b>	<b>18S</b>	<b>37</b>	<b>334</b>	<b>N</b>	<b>1795</b>	<b>E</b>	<b>Lea</b>

**Well Status**

<input checked="" type="checkbox"/> YES TA'D WELL	NO	<input checked="" type="checkbox"/> YES SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> PRODUCER	GAS	DATE <b>8-30-19</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	/	/	0	0
<b>Flow Characteristics</b>					<b>Not Producing</b>
Puff	0/N	Y/N	Y/N	Y/0	CO2 ___
Steady Flow	Y/0	Y/N	Y/N	Y/0	WTR ___
Surges	Y/0	Y/N	Y/N	Y/0	GAS ___
Down to nothing	0/N	Y/N	Y/N	0/N	Type of Fluid
Gas or Oil	Y/0	Y/N	Y/N	Y/0	Injected for
Water	Y/0	Y/N	Y/N	Y/0	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.

Reverse Unit  
 Serial # DCM 3460  
 0-1000 +  
 Calibration Date 8-9-19  
 Start 6:00 End 5:00

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