

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 30-025-05498
Property Name NORTH HOBBS (G/SA) UNIT	Well No. 231

**7. Surface Location**

UL - Lot K	Section 25	Township 18-S	Range 37-R	Feet from 2310	N/S Line SOUTH	Feet From 2310	E/W Line WEST	County LEA
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**Well Status**

Well Status <i>K7</i>	SHUT-IN <i>X N</i>	PRODUCING <i>I N J</i>	DATE <i>11-18-19</i>
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*K7* OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

**OBSERVED DATA**

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csgng	(E)Tubing
Pressure	0	NA	NA	0	0
Flow Characteristics					
Puff	0 / N	Y / N	Y / N	0 / N	<del>FA</del> NO G-AUGE
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	
Surges	Y / 0	Y / N	Y / N	Y / 0	
Down to nothing	0 / N	Y / N	Y / N	0 / N	
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	
Water	Y / 0	Y / N	Y / N	Y / 0	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: INJECTING AT THIS TIME \_\_\_ WTR, \_\_\_ GAS, \_\_\_ CO2

*WTC TEST*  
*(JR) MacLuskey*  
*ser# 500-7150-1800*  
*Cal 11-1-19*

*S 580# E 580#*

Signature:	OIL CONSERVATION DIVISION
Printed name: Justin Saxon	Entered into RBDMS
Title: Well Surveillance Lead	Re-test
E-mail Address: <a href="mailto:justin_saxon@oxy.com">justin_saxon@oxy.com</a>	<i>K7</i>
Date:	Phone: 575-397-8206
Witness: <i>Kerry Forester - OCD</i>	

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

Form C-103  
 Revised July 18, 2013

**HOBBS OCD**  
**NOV 26 2019**  
**RECEIVED**

WELL API NO. 30-2505498
5. Indicate Type of Lease STATE <input 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 231
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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

2. Name of Operator  
Occidental Permian, Ltd

3. Address of Operator  
1017 W Stanolind Rd, Hobbs NM 88240

4. Well Location  
 Unit Letter K : 2310 feet from the South line and 2310 feet from the West line  
 Section 25 Township 18-S Range 37-R NMPM Lea County

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 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"/>		OTHER: <u>Intensify</u>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>		OTHER: <u>W/Chart</u>	
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.

active Inspector

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE Well Surveillance Lead DATE \_\_\_\_\_

Type or print name Justin Saxon E-mail address: justin\_saxon@oxy.com PHONE: 575-397-8206

**For State Use Only**

APPROVED BY: [Signature] TITLE C.O A DATE 11-27-19

Conditions of Approval (if any):

