

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) 341-1778  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3400  
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 OGD**  
**NOV 26 2019**  
**RECEIVED**

WELL API NO. 30-025-26647
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Byers "B"
8. Well Number 35
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3630' RDB

**SUNNY 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  Temporarily Abandoned

2. Name of Operator  
Occidental Permian, Ltd

3. Address of Operator  
2611 State Hwy 214 Denver City, TX 79323

4. Well Location  
Unit Letter H : 2030 feet from the North line and 626 feet from the East line  
Section 4 Township 19-S Range 38-E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data *J.P.M.*

**NOTICE OF INTENTION TO:**

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

**SUBSEQUENT REPORT OF:**

- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL
- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A
- OTHER: Casing integrity test/TA status extension request

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.

Date of test: 11/1/2019  
Pressure readings: Initial - 600 PSI Ending - 590 PSI  
Length of test: 32 minutes  
Witnessed: Yes - Kerry Fortner - NMOCD

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 5-18-20  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: KCF

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 11/25/2019

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

APPROVED BY: [Signature] TITLE C.O DATE 11-27-19  
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 OCCIDENTAL PERMIAN, LTD	API Number 30-025-26647
Property Name BYERS "B"	Well No. 35

**7. Surface Location**

UL - Lot H	Section 4	Township 19-S	Range 38-E	Feet from 2030	N/S Line NORTH	Feet From 626	E/W Line EAST	County LEA
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**Well Status**

Well Status <b>TA</b>	SHUT-IN <b>Y</b>	PRODUCING <b>INT</b>	DATE <b>11-19-19</b>	
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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 Csg	(E)Tubing
Pressure	0	Commented	NA	0	0
Flow Characteristics					TA
Puff	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	<input checked="" type="checkbox"/> /N	
Steady Flow	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	
Surges	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	
Down to nothing	<input checked="" type="checkbox"/> /N	Y/N	Y/N	<input checked="" type="checkbox"/> /N	
Gas or Oil	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	
Water	Y/ <input checked="" type="checkbox"/>	Y/N	Y/N	Y/ <input checked="" type="checkbox"/>	

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

**TA STATUS TEST**  
**(JR) macclasky**  
**ser# 800-7150-1800**  
**cal 11/1/19**

**start 600#      End 590#**

Signature:	OIL CONSERVATION DIVISION
Printed name: Justin Saxon	Entered into RBDMS
Title: Well Surveillance Lead	Re-test
E-mail Address: Justin_saxon@oxy.com	<b>JS</b>
Date: <b>11-19-19</b>	
Phone: 575-397-8206	
Witness: <b>Kerry Fortner-ocd</b>	

