

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. 30-025-42646
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 257
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 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 1 : 2188 feet from the S line and 607 feet from the E line
Section 4 Township 19S Range 38E NMPM County Lea

HOBBS OCD
 RECEIVED
 DEC 12 2019

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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.

9/30/19: MIRU x NDWH x NUBOP. 10/1/19: POOH 137 jts 2 7/8" tbg x inj equipment.
 Dumped 89' pea gravel then 30' cmt x RIH 7" cibp @ 4838.
 10/2/19: RIH 7" AS1-X inj pkr @ 4553' x tested pkr to 700 psi, which held ok.
 10/3/19: RIH 139 jts 2 7/8" tbg @ 4544' x inj equipment. Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date: 09/30/19 Rig Release Date: 10/03/19

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 11/26/2019

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

For State Use Only

APPROVED BY: *Kenny Furt* TITLE CO A DATE 11-20-19
 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 <i>Oxy Permian</i>		API Number <i>30-025-42646</i>
Property Name <i>South Hobbs (GSA) Unit</i>		Well No. <i>257</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>I</i>	<i>4</i>	<i>19S</i>	<i>38E</i>					<i>Lea</i>

Well Status

TA'D WELL YES <input type="radio"/>	<input checked="" type="radio"/> NO	SHUT-IN YES <input type="radio"/>	<input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE <i>10-3-19</i>
--	-------------------------------------	--------------------------------------	-------------------------------------	--	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	\emptyset		<i>0</i>	<i>0</i>
Flow Characteristics	<i>N/A</i>	<i>N/A</i>			<i>NOT INS</i>
Puff	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/N	Y/ <input checked="" type="radio"/> N	CO2 ___
Steady Flow	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/N	Y/ <input checked="" type="radio"/> N	WTR ___
Surges	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/N	Y/ <input checked="" type="radio"/> N	GAS ___
Down to nothing	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/N	\emptyset /N	Type of fluid Injected for Waterflood if applies
Gas or Oil	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/N	Y/ <input checked="" type="radio"/> N	
Water	Y/ <input checked="" type="radio"/> N	Y/ <input checked="" type="radio"/> N	Y/N	Y/ <input checked="" type="radio"/> N	

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

Signature: <i>Cesar Briones</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cesar Briones</i>	Entered into RBDMS
Title: <i>R. U. Operator</i>	Re-test <i>XLJ</i>
E-mail Address:	
Date: <i>10-3-19</i>	Phone: <i>806-215-6974</i>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM