

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

HOE3S OCD
OIL CONSERVATION DIVISION

220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

JUL 01 2013

WELL API NO. 30-025-34644 ✓
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 Section 29 ✓
8. Well No. 544 ✓
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>P</u> : <u>925</u> Feet From The <u>South</u> Line and <u>1050</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3646' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	OTHER: _____ <input type="checkbox"/>
Multiple Completion <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. RUPU & RU.
2. NU BOP/ND wellhead.
3. POOH w/ESP equipment.
4. RIH w/bit. Tag @4359'. No fill. POOH w/bit.
5. RU scanners and scan tubing out of hole. RD scanners.
6. RIH w/ESP equipment set on 126 jts of 2-7/8" tubing. Intake set @3987'.
7. ND BOP/NU wellhead.
8. RDPU & RU. Clean location and return well to production.

RUPU 03/19/2013
RDPU 03/22/2013

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 06/26/2013
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

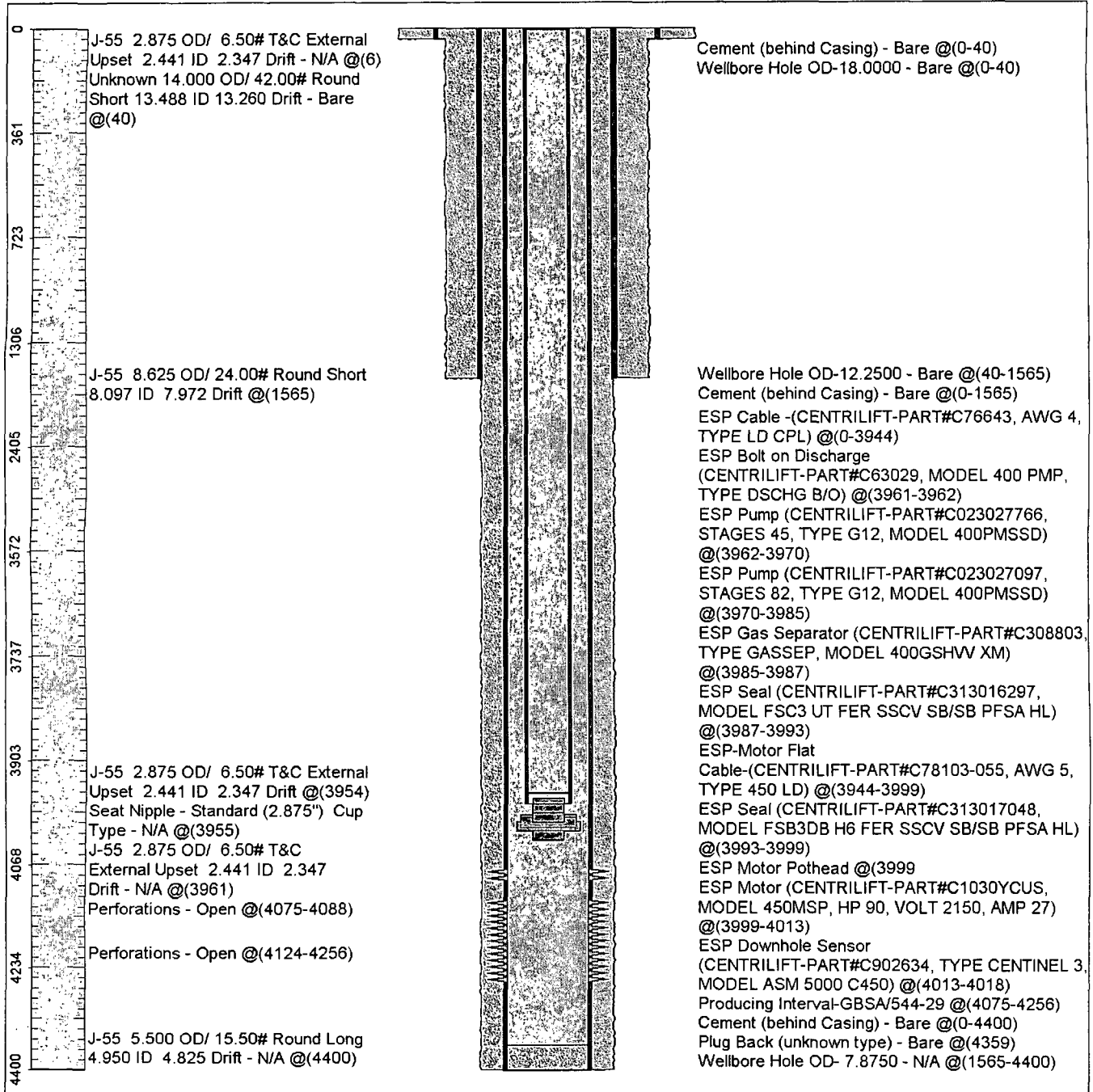
For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr DATE 7-3-2013
CONDITIONS OF APPROVAL IF ANY _____

JUL 08 2013

June 20, 2013

Work Plan Report for Well:NHSAU 544-29



Survey Viewer