

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

1220 South St. Francis Dr.
Santa Fe, NM 87505

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBS OCD
DEC 17 2012

RECEIVED

WELL API NO. 30-025-26933
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 25
8. Well No. 422
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p>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.)</p>	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector	
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>H</u> : <u>1550</u> Feet From The <u>North</u> <u>1300</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3660' GR	
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>High casing pressure repair</u> <input checked="" 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. RU wireline & perforate tubing at 4060'. RD wireline.
3. ND wellhead/NU BOP.
4. POOH w/tubing. RIH and set RBP at 4051'. Test packer from 4085-4051'. Tested OK. Tested casing. Tested OK. POOH W/RBP.
5. Attempted to Hydrotest Duoline tubing. Found inside of tubing cracked.
6. RIH with Arrowet 1-X dbl grip packer set on 125 jts of new 2-7/8" Duoline tubing. Packer set @4085'.
7. Test casing to 580 PSI for 30 minutes and chart for the NMOCD.
8. NU wellhead/ND BOP.
9. RDPU & RU. Clean location and return well to injection.

Perfs 4167-4334

RUPU 10/11/2012 RDPU 10/22/2012

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 12/14/2012
 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 Mark S. Brown TITLE Compliance Officer DATE 12/18/2012
 CONDITIONS OF APPROVAL IF ANY _____

DEC 19 2012

START

96 MIN

8 MIN

16 MIN

24 MIN

32 MIN

40 MIN

48 MIN

56 MIN

64 MIN

72 MIN

80 MIN

88 MIN

HOBBS OCD

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Graphic Controls LLC
(6.375 ARC LINE GRAD.)

9:00 - 9:30 AM

NHSAU-25-422

DATE 10-22-2012
MCI P 0-1000-8-96MIN

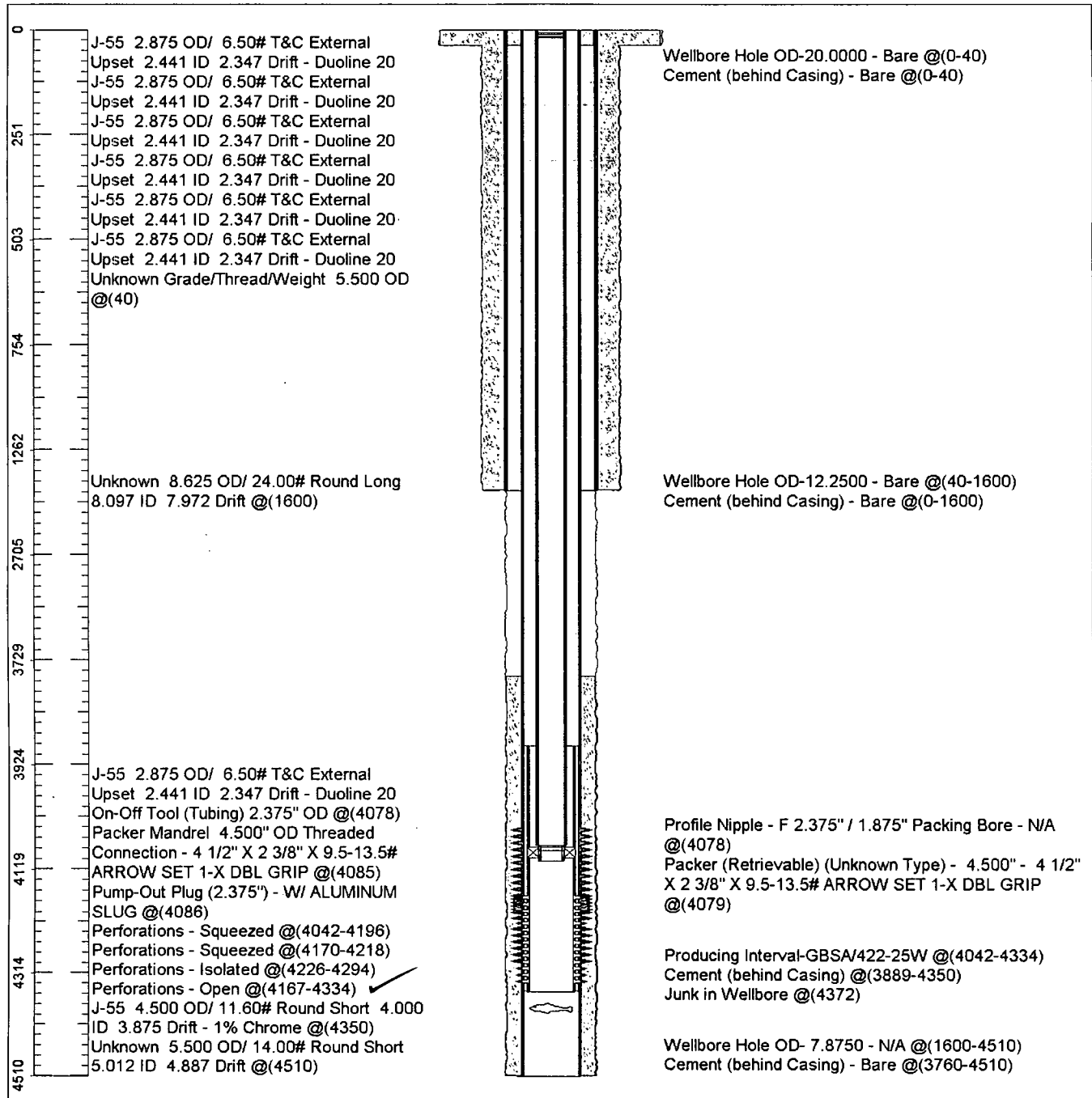
Oxy
API 10-3008526933
American Valve Metering
Calibrated on 9-20-2012
Serial # MKO 2619

Paul Johnson

PRINTED IN U.S.A.

November 13, 2012

Work Plan Report for Well:NHSAU 422-25



Survey Viewer