

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
DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

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

MAR 01 2013

WELL API NO. 30-025-28356	
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 South Hobbs (G/SA) Unit	
8. Well No. 153	
9. OGRID No. 157984	
10. Pool name or Wildcat Hobbs (G/SA)	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3660.8 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 _____	

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 checked="" 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 C : 1105 Feet From The North Line and 1585 Feet From The West Line Section 9 Township 19-S Range 38-E NMPM Lea County	

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: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" 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: _____

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 @4075'. RD wireline.
3. ND wellhead/NU BOP.
4. POOH w/ESP equipment.
5. RIH w/bit. Tag TD @4250'. POOH w/bit.
6. RU Gray wireline & perforate casing @4101-08', 4115-30' at 4 JSPF. RD Gray wireline.
7. RIH w/treating packer set @4245'. RU HES & pump 3100 gal of 15% NEFE HCL acid in 3 stages. RD HES. RU pump truck & pump scale squeeze with 100 gal of 6490 chemical mixed in 100 bbl of fresh water. Flush w/200 bbl 10# brine. RD pump truck. POOH w/packer.
8. RIH w/ESP equipment set on 122 jts of 2-7/8" tubing. Intake set @4065'.
9. ND BOP/NU wellhead.
10. RDPU & RU. Clean location and return well to production.

RUPU 12/30/2012 RDPU 01/08/2013

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 ☐

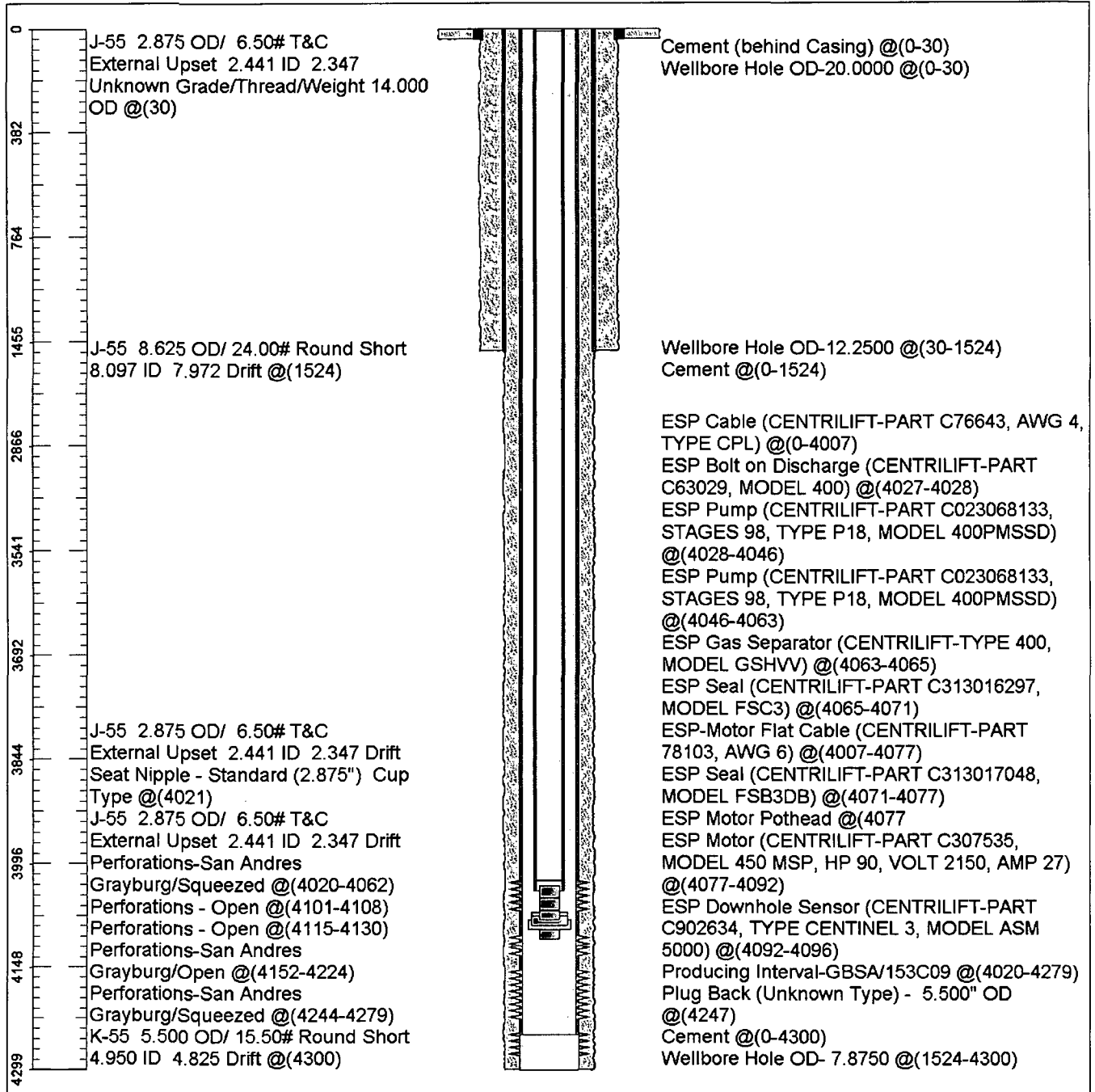
SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 02/27/2013
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only
APPROVED BY [Signature] TITLE Dist MGR DATE 3-13-2013
CONDITIONS OF APPROVAL IF ANY:

MAR 14 2013

January 28, 2013

Work Plan Report for Well:SHOU-153C09



Survey Viewer