

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

OIL CONSERVATION DIVISION

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

HOBBS OCD

JUN 24 2013

RECEIVED

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.)		WELL API NO. 30-025-07077
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 30
4. Well Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County		8. Well No. <u>111</u>
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3650' GL		9. OGRID No. <u>157984</u>
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 _____		10. Pool name or Wildcat <u>Hobbs (G/SA)</u>

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____	<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. ND wellhead/NU BOP.
 3. POOH and lay down Duoline tubing.
 4. RIH w/test packer set @3943'. Tested tubing to 900 PSI. Held OK. Tested casing to 600 PSI. Held OK. POOH w/test packer.
 5. Hydrotest tubing back in hole.
 6. Set dual packers on 118 jts of 2-7/8" Duoline tubing. Arrowset 1-X dbl grip pkr set @3973'/KTC Hydraulic Tandem packer set @4197'.
 7. ND BOP/NU wellhead.
 8. Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
 9. RDPU & RU. Clean location and return well to injection.

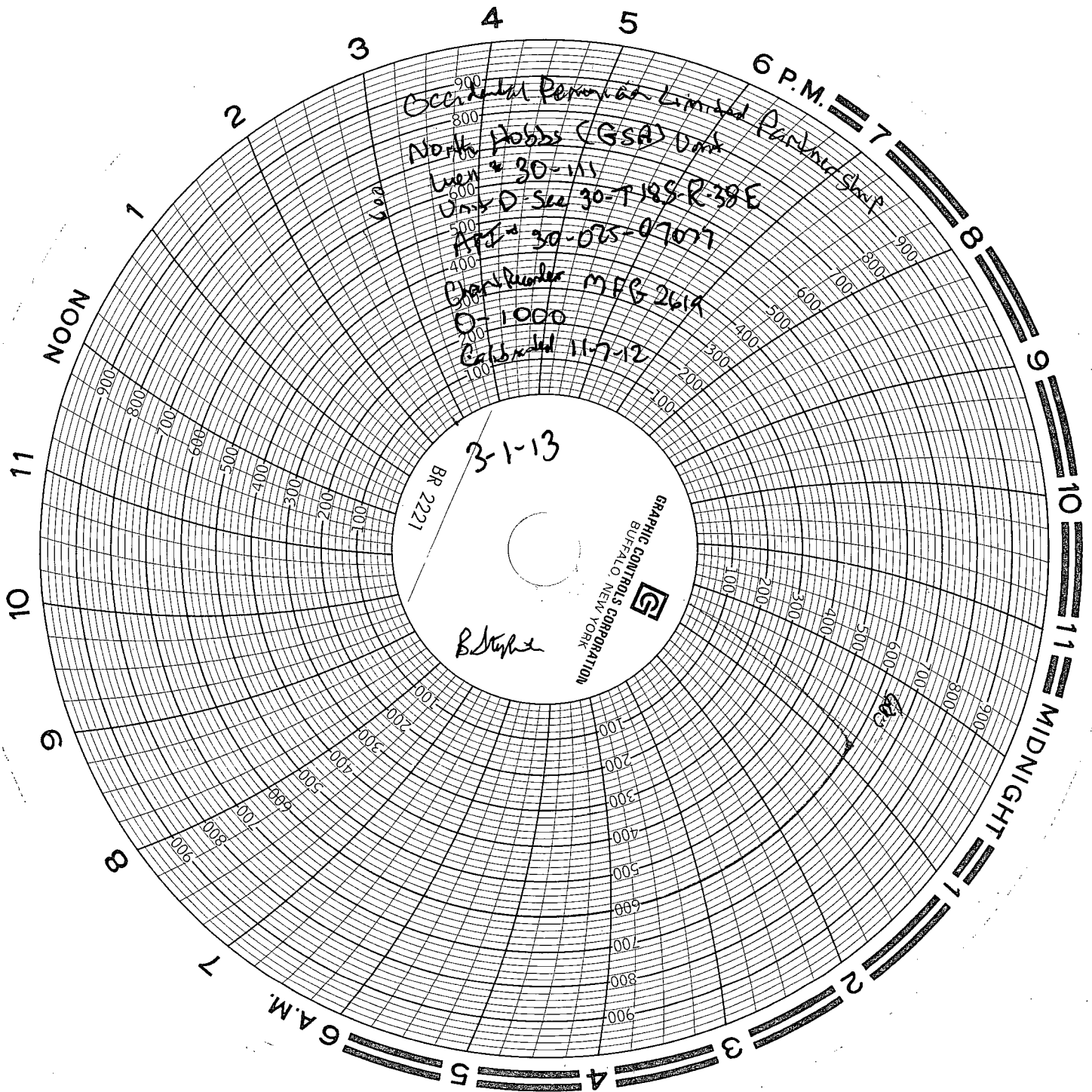
RU 02/18/2013
RD 03/01/2013

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 06/20/2013
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 6-24-2013
CONDITIONS OF APPROVAL IF ANY:

JUN 25 2013



Occidental Petroleum Limited
North Hobbs (GSA) Unit
Unit # 30-111
Unit D-See 30-T185-R-38E
API # 30-025-07071
Chart Number MFB 2614
D-1000
Calculated 11-7-12

3-1-13

BR 2221

B. H. H. H.

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

March 22, 2013

Work Plan Report for Well:NHSAU 111-30

Pumping Unit

No Data found for Section - surface unit

MOP, Status and Type for Each Completion

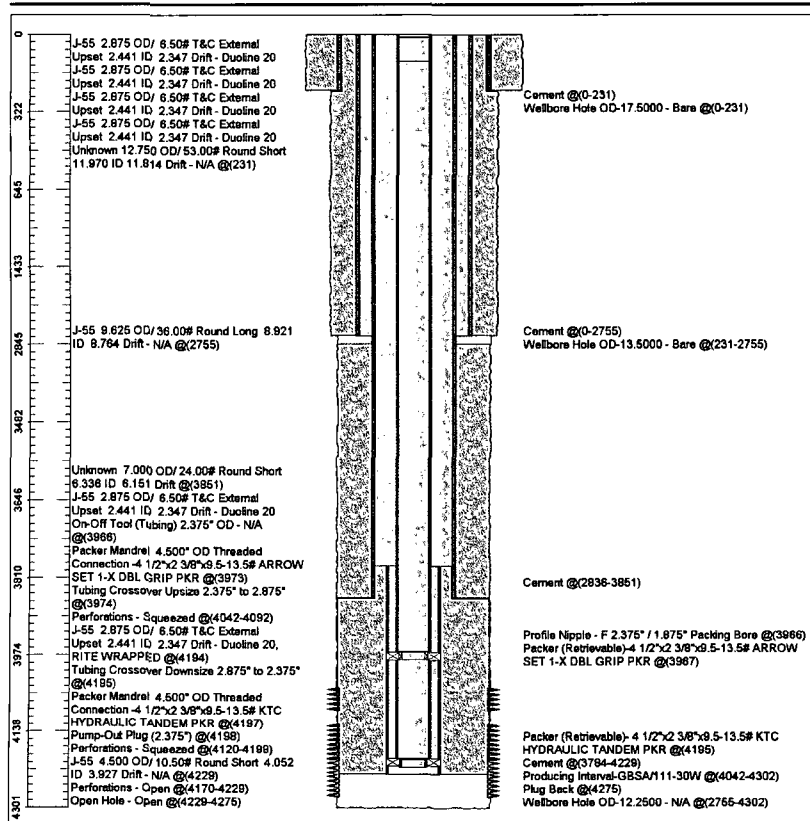
Status Date	Well Name	API10	API14	Type	Production Method Code	Current Status Comment
03/06/2013	NHSAU 111-30	3002507077	30025070770000	IJ	IN	workover completed (unde

Special Objects

Component

Packer (Retrievable)-4 1/2"x2 3/8"x9.5-13.5# ARROW SET 1-X DBL GRIP PKR
 Packer (Retrievable)- 4 1/2"x2 3/8"x9.5-13.5# KTC HYDRAULIC TANDEM PKR
 Packer Mandrel 4.500" OD Threaded Connection -4 1/2"x2 3/8"x9.5-13.5# ARROW SET 1-X DBL GRIP PKR
 Packer Mandrel 4.500" OD Threaded Connection -4 1/2"x2 3/8"x9.5-13.5# KTC HYDRAULIC TANDEM PKR

Wellbore Diagram



Survey Viewer