

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

HOBBS OCD

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

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

APR 09 2014

WELL API NO.
30-025-27060

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit
Section 31

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other ☒ Injector

8. Well No. 312

2. Name of Operator
Occidental Permian Ltd.

9. OGRID No. 157984

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

10. Pool name or Wildcat Hobbs (G/SA)

4. Well Location
Unit Letter B : 1262 Feet From The North Line and 1520 Feet From The East Line
Section 31 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3651' KB

Pit or Below-grade Tank Application ☐ or Closure ☐

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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ Multiple Completion ☐
OTHER: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: High casing repair ☒

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 wire line & set blanking plug @4049'. RD wire line.
3. Ran casing integrity test to 600 PSI. Tested OK.
4. Decision made to replace tubing and packer.
5. ND well head/NU BOP.
6. RU wire line & fish blanking plug. RD wire line.
7. POOH and lay down w/tubing and packer.
8. RIH w/new Arrowset 1-X Dbl grip packer on 123 jts of new Duoline tubing. Packer set @4071'
9. ND BOP/NU wellhead.
10. Test casing to 580 PSI for 30 minutes and chart for the NMOCD.
11. RDPU & RU. Clean location and return well to injection.

RUPU 03/17/2014 RDPU 03/21/2014

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 04/07/2014
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

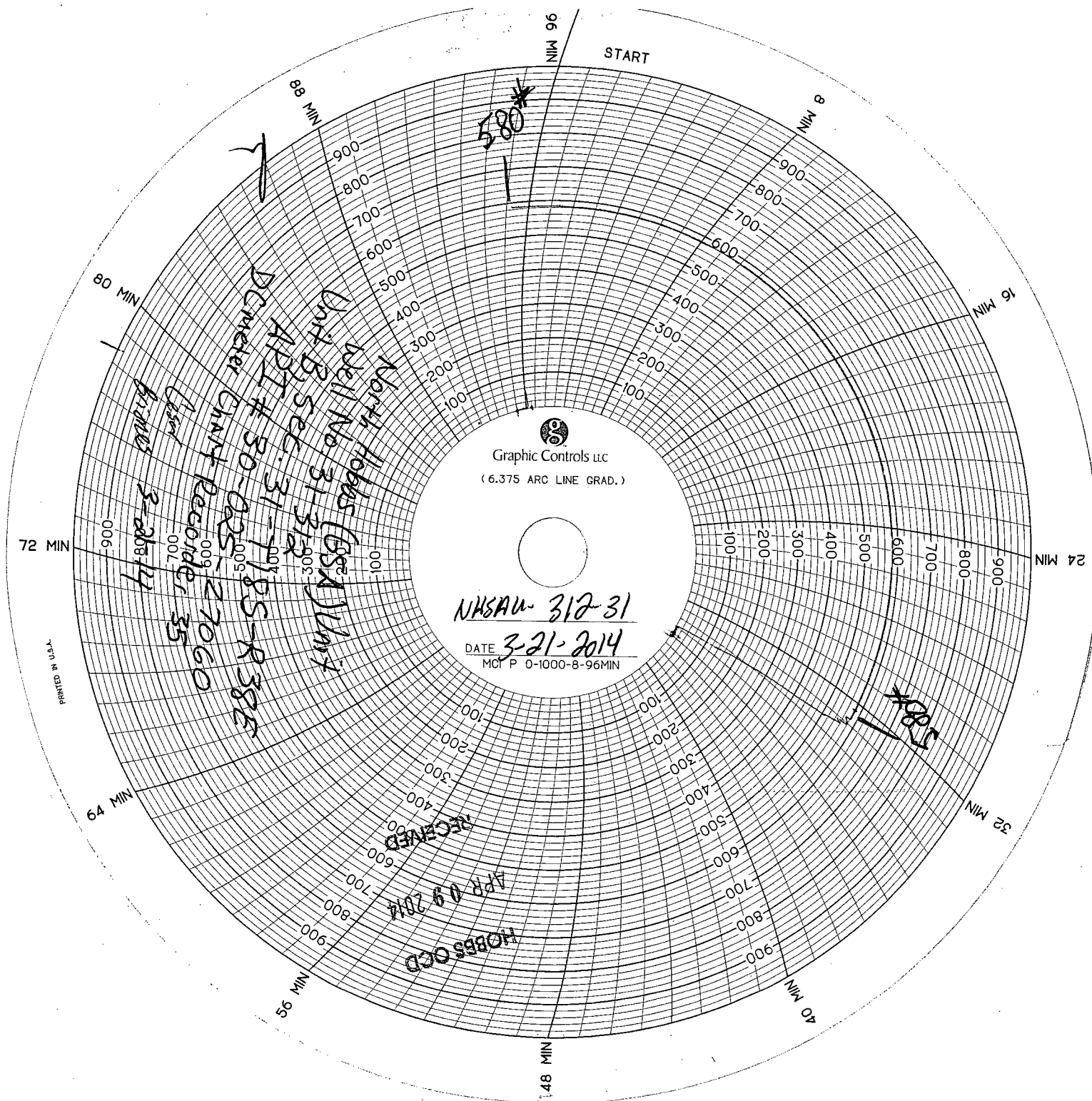
For State Use Only

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

Accepted for Record Only

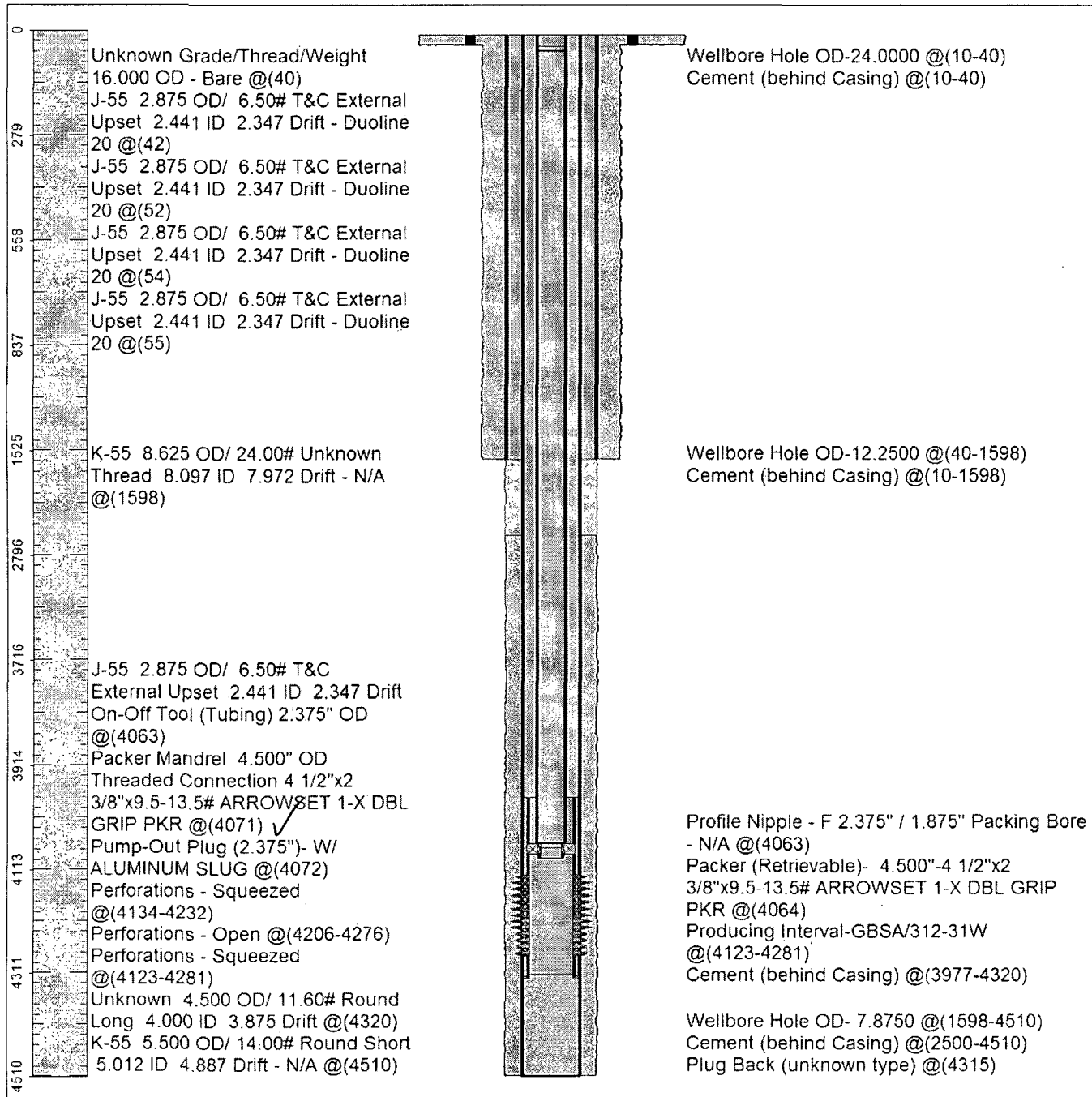
Pending PKI Setting depth approval
MSB 6/11/2014

JUN 12 2014



April 4, 2014

Work Plan Report for Well:NHSAU 312-31



Survey Viewer