

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**HOBBS OCDIL CONSERVATION DIVISION**

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

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

DEC 17 2012

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	WELL API NO. 30-025-34869 ✓
2. Name of Operator Occidental Permian Ltd. ✓	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>K</u> : <u>1837</u> Feet From The <u>South</u> Line and <u>2482</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County ✓	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit ✓ Section 29
	8. Well No. <u>623</u> ✓
	9. OGRID No. <u>157984</u> ✓
	10. Pool name or Wildcat <u>Hobbs (G/SA)</u> ✓
11. Elevation (Show whether DF, RKB, RT GR, etc.) <u>3660.8' GL</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 _____	

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: _____	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 @3985'. RD wireline.
  3. ND wellhead/NU BOP.
  4. POOH w/ESP equipment.
  5. RIH w/bit. Tag @4329'. POOH w/bit.
  6. RU wireline and perforate casing at 4126-29. 4113-22' @ 4 JSPF. RD wireline.
  7. RIH w/SPA packer set @3920'. RU acid truck & pump 2700 gal of 15% PAD acid in 4 stages over perms. Flush w/35 bbl of 10# brine. Pump 60 bbl of brine down casing. RD acid truck.
  8. RU pump truck & pump scale squeeze with 100 gal of 6490A chemical mixed with 100 bbl fresh water. Flush w/200 bbl fresh water. RD pump truck. POOH w/SPA packer.
  9. RIH w/ESP equipment set on 127 jts of 2-7/8" tubing. Intake set @4043'.
  10. ND BOP/NU wellhead.
  11. RDPU & RU. Clean location and return well to production.
- RUPU 11/12/2012 RDPU 11/16/2012

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 ☐

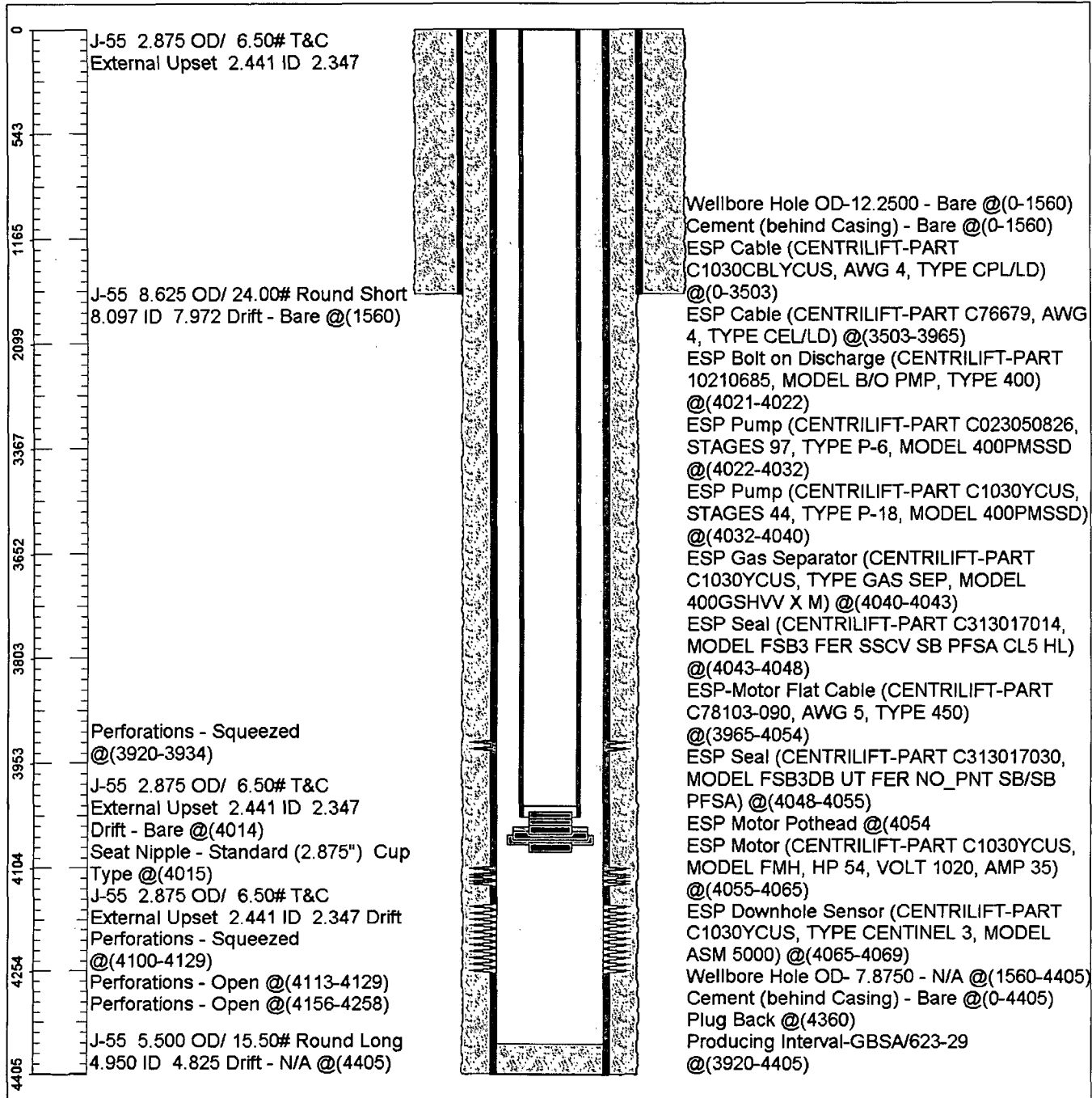
SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 12/14/2012  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only  
APPROVED BY Mark Whitaker TITLE Compliance Officer DATE 12-18-2012  
CONDITIONS OF APPROVAL IF ANY:

DEC 19 2012

December 13, 2012

## Work Plan Report for Well:NHSAU 623-29



Survey Viewer