

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

FEB 28 2013

RECEIVED

|   |              |
|---|--------------|
| WELL API NO.<br>30-025-28359  |              |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |              |
| 6. State Oil & Gas Lease No.  |              |
| 7. Lease Name or Unit Agreement Name<br>South Hobbs (G/SA) Unit                                     |              |
| 8. Well No.   | 156          |
| 9. OGRID No.  | 157984       |
| 10. Pool name or Wildcat  | Hobbs (G/SA) |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>   |  |
| 2. Name of Operator<br>Occidental Permian Ltd.  |  |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323  |  |
| 4. Well Location<br>Unit Letter <u>H</u> : <u>1370</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line<br>Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County   |  |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3660.8 GL  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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"/>         |
| PLUG AND ABANDON <input type="checkbox"/>                                     | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| CHANGE PLANS <input type="checkbox"/>   | OTHER: _____  |
| Multiple Completion <input 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. RUPU 12/26/2012 RDPU 01/11/2013

2. RU wireline & perforate tubing w/4 holes at 4009'. RD wireline.

3. ND wellhead/NU BOP.

4. POOH and lay down ESP equipment.

5. RIH w/bit. Tag @4268'. RU power swivel & stripper head. Clean out from 4268-4324'. RD power swivel & stripper head. POOH w/ bit.

6. RU Gray wireline & perforate casing @4028-32', 4047-50', 4067-69', 4075-80', 4100-06', 4108-14', 4117-25'. RD Gray wireline.

7. RIH w/treating packer set @3927'. RU HES & pump 4000 gal of 15% NEE acid in 7 settings. RD HES.

8. RU pump truck & pump 120 bbls of fresh water w/60 gal of EC6490A chemical. Flush w/150 bbl of 10# brine. RD pump truck.

9. POOH w/treating packer.

10. RIH w/ESP equipment set on 123 jts of 2-7/8" tubing. Intake set @3953'.

11. ND BOP/NU wellhead.

12. RDPU & RU. Clean location and return well to production.

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 02/26/2013  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

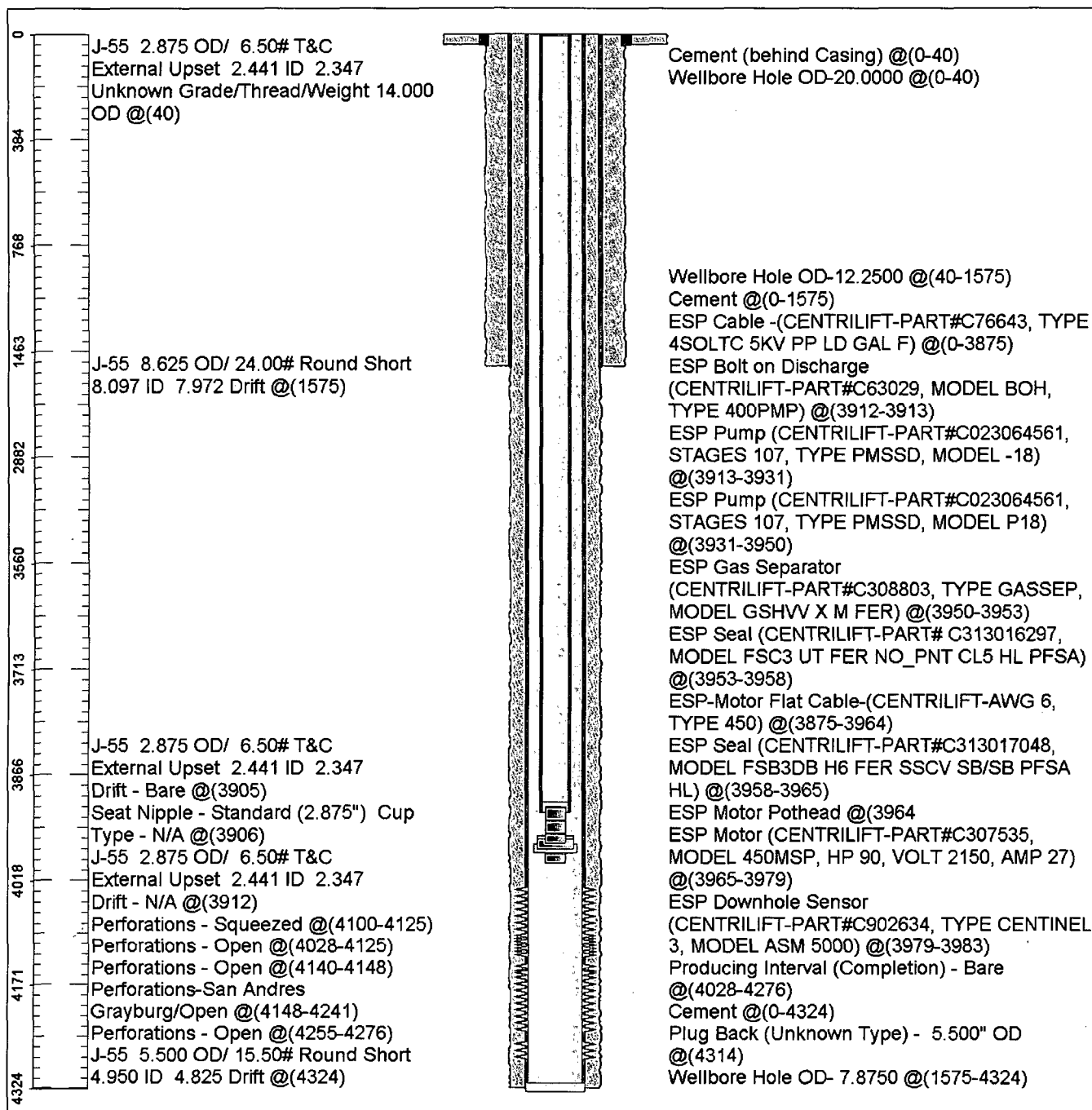
For State Use Only

APPROVED BY [Signature] TITLE DET. MGR DATE 2-28-2013  
CONDITIONS OF APPROVAL IF ANY:

MAR 04 2013

January 28, 2013

## Work Plan Report for Well:SHOU-156H09



Survey Viewer