

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

APR 19 2013

RECEIVED

WELL API NO. 30-025-26833
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 North Hobbs (G/SA) Unit Section 30
8. Well No. 222
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center">(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.)</p>	
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u></p>	
<p>2. Name of Operator Occidental Permian Ltd.</p>	
<p>3. Address of Operator HCR 1 Box 90 Denver City, TX 79323</p>	
<p>4. Well Location Unit Letter <u>F</u> : <u>1470</u> Feet From The <u>North</u> Line and <u>1395</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County</p>	
<p>11. Elevation (Show whether DF, RKB, RT GR, etc.) 3611' RDB</p>	
<p>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 _____</p>	

<p>12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</p>	
<p><b>NOTICE OF INTENTION TO:</b></p> <p>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: _____ <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG &amp; ABANDONMENT <input type="checkbox"/>          CASING TEST AND CEMENT JOB <input type="checkbox"/>          OTHER: <u>Fish wire line from tubing</u> <input checked="" type="checkbox"/></p>

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 tubing and injection packer.
  4. RIH and fished slickline and tools out of hole.
  5. RIH w/new dual packera set on 124 joints of new Duoline 20 tubing. Arrowset 1-X double grip pkr set @3952/KTC Tandem pkr set @4153'
  6. ND BOP/NU wellhead.
  7. Test casing to 540 PSI for 30 minutes and chart for the NMOCD.
  8. RDPU & RU. Clean location and return well to injection.

RUPU 01/11/2013  
RDPU 01/23/2013

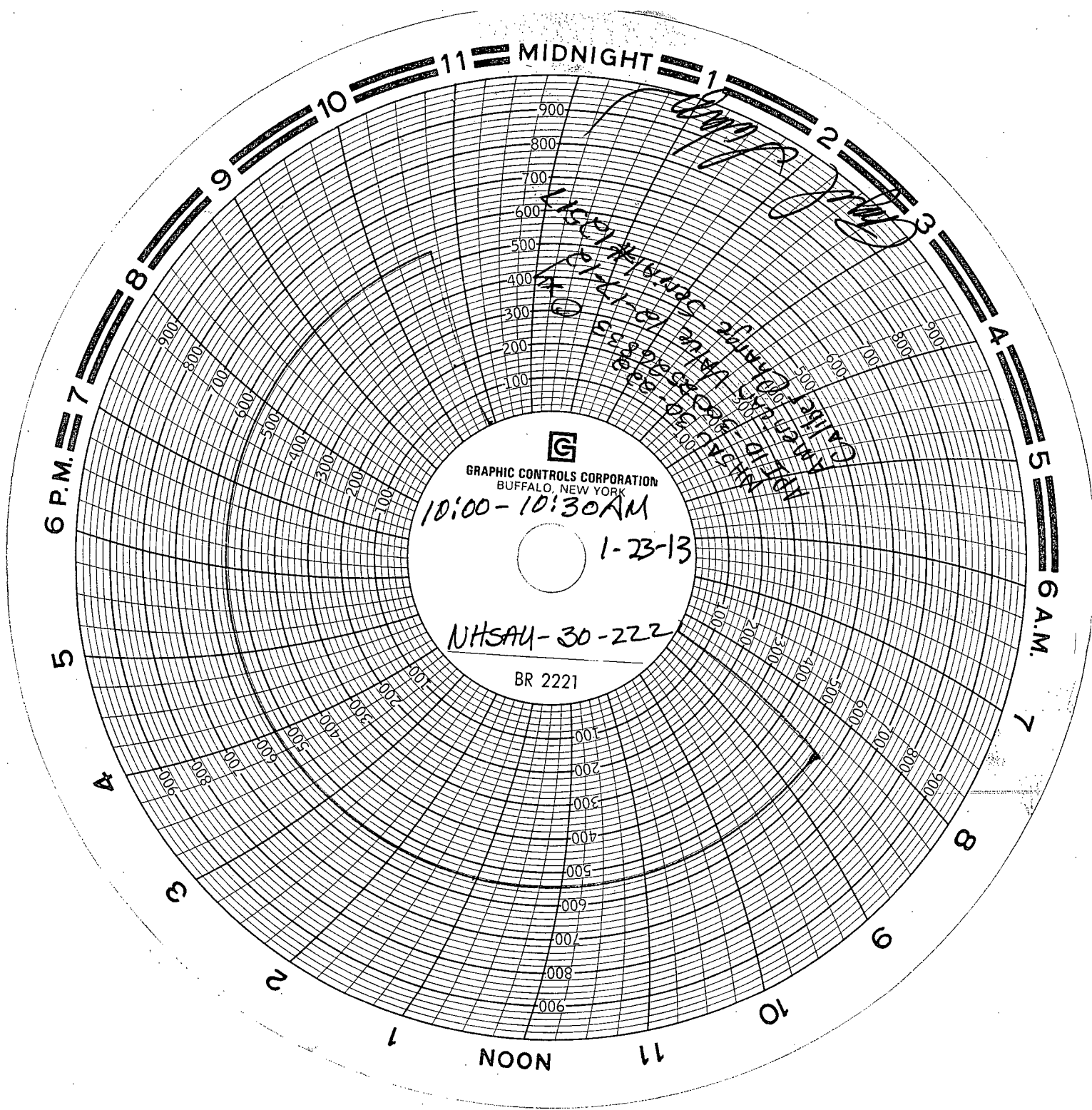
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved ☐ plan

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 04/18/2013  
 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 DISTRICT DATE 4-22-2013  
 CONDITIONS OF APPROVAL IF ANY:

APR 22 2013



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

10:00-10:30 AM

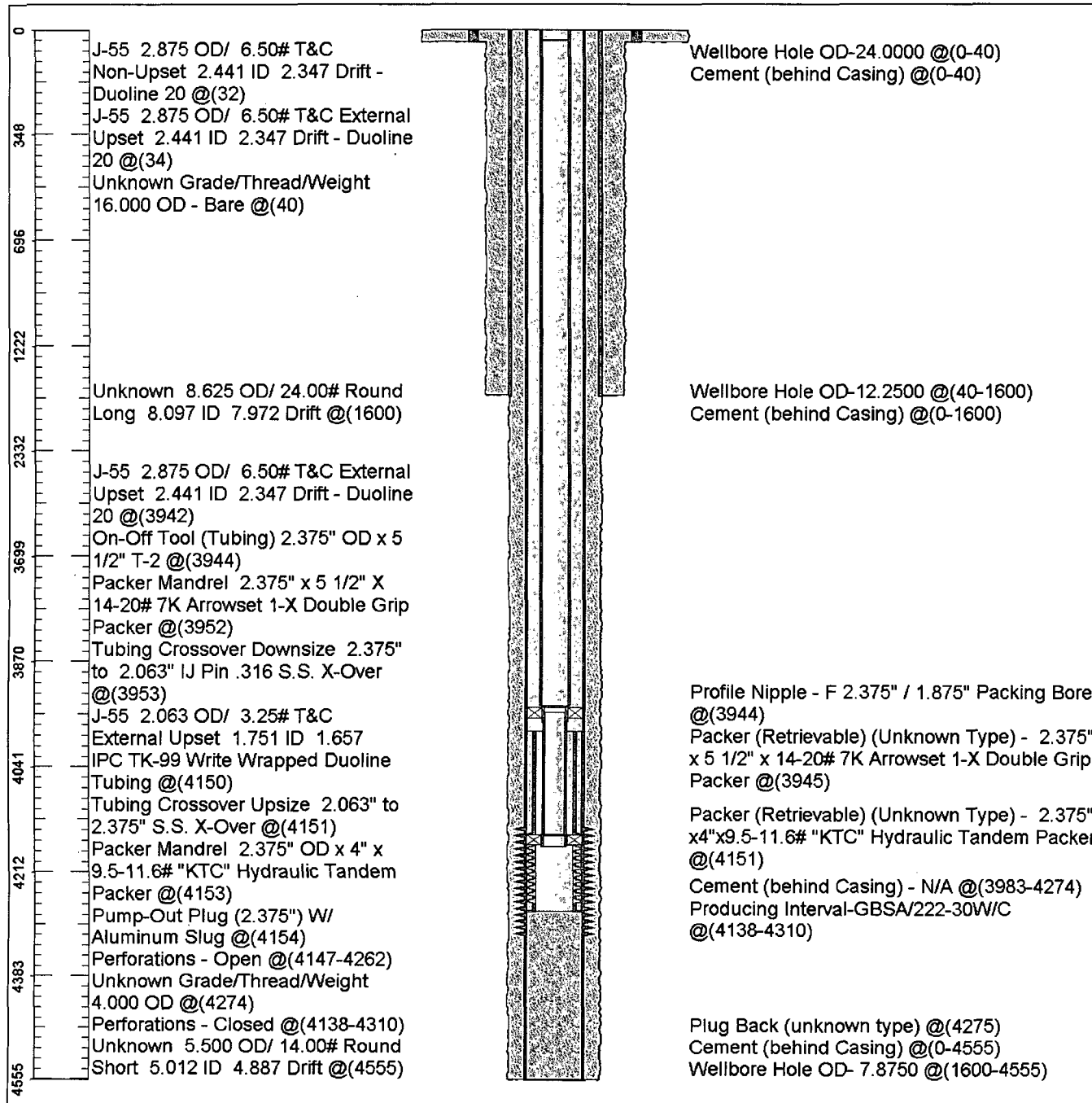
1-23-13

NHSAM-30-222

BR 2221

February 26, 2013

## Work Plan Report for Well:NHSAU 222-30



Survey Viewer