

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

HOBBS OIL CONSERVATION DIVISION

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

JUN 27 2013

RECEIVED

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

WELL API NO. 30-025-05437
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 13
8. Well No. 141
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 13
2. Name of Operator Occidental Permian Ltd.	8. Well No. 141
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>13</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3664' GL	
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: 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: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> 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. RUPU 04/25/2013 RDPU 05/20/2013

2. NU BOP/ND wellhead.

3. POOH and lay down duoline tubing.

4. RIH w/bit. Tag @4310'. POOH w/bit.

5. RIH w/CIBP set @4222'. RIH w/CICR set @3888'. RU HES & squeeze perfs @3962-4217' w/844 sacks (200 bbl) 2% Super CBL cement. Flush w/50 bbl fresh water. RD HES.

6. RIH w/bit & drill collars. NU stripper head and power swivel. Tag CICR @3885'. Drill cement from 3888'-4222'. Drill CIBP @4222' and push to 4310'. Drill plug & formation from 4313'-4365'. ND stripper head & power swivel. POOH w/bit & drill collars.

7. RIH w/treating packer set @4222'. RU HES & pump 2000 gal of 15% acid and 1000 lb rock salt in two stages. RD HES. POOH w/pkr.

8. RIH w/dual packers set on 119 jts of 2-7/8" Duoline 20 tubing. Arrowset 1-X dbl grip pkr @3903'. KTC Tandem pkr @4230'.

9. ND BOP/NU wellhead.

10. Test casing to 570 PSI for 30 minutes and chart for the NMOCD.

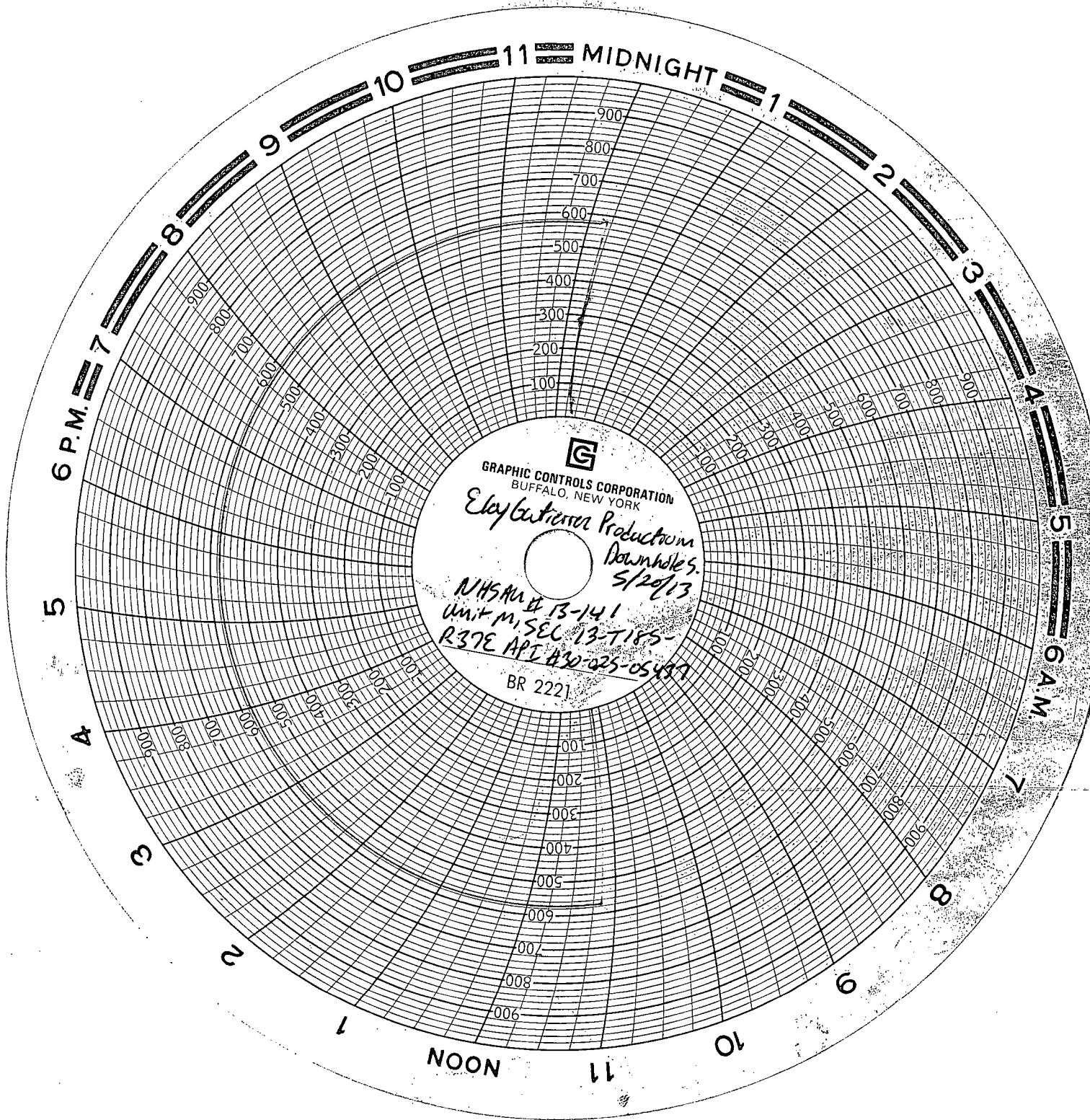
10. RDPU & RU. Clean location and return well to injection.

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 06/26/2013
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

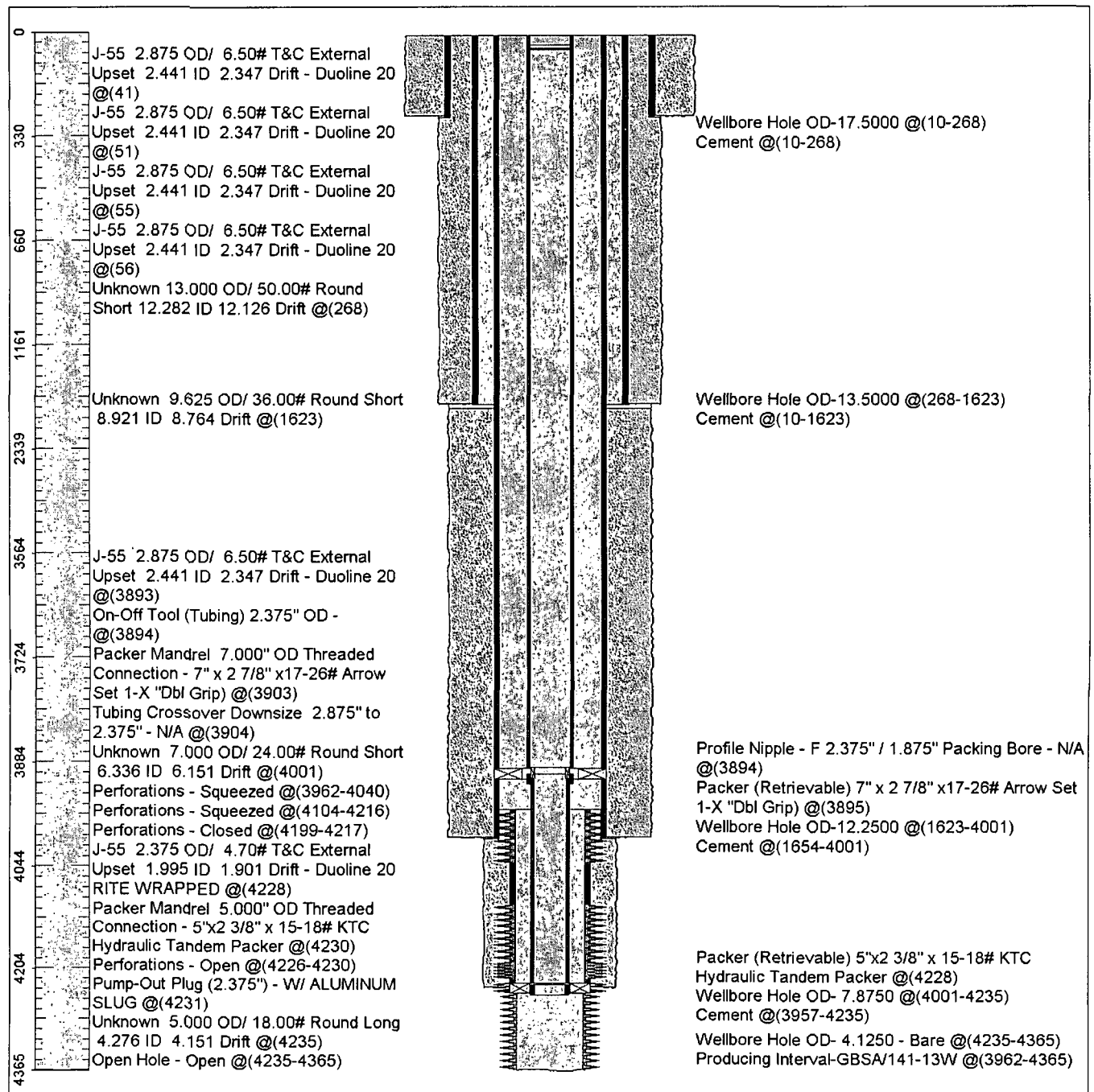
For State Use Only
 APPROVED BY Mary S. Brown TITLE Compliance Officer DATE 6/28/2013
 CONDITIONS OF APPROVAL IF ANY Pmx-89

JUL 02 2013



June 20, 2013

Work Plan Report for Well:NHSAU 141-13



Survey Viewer