

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**HOBBS OCD**  
**OIL CONSERVATION DIVISION**

**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

JUL 29 2013

RECEIVED

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

WELL API NO. 30-025-29197
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" 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. 312
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <u>Injector</u>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>B</u> : <u>530</u> Feet From The <u>North</u> Line and <u>1448</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3664.5 KB	
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	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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 wire line & perforate tubing @4156'. RD wire line.
3. ND wellhead/NU BOP.
4. POOH and lay down tubing and injection packer.
5. RIH w/bit. Tag @4357'. POOH w/bit.
6. RIH w/CIBP set @4275'. RIH w/CICR set @4066'. RU HES & pump 38 bbl cement into formation. RD HES.
7. RIH w/bit & drill collars. RU power swivel & stripper head. Drill on cement from 4158-4162'. Drill on CICR from 4162-4165'. Continue to drill on cement from 4165-4275'. Tested squeeze to 800 PSI. OK.
8. Drill on CIBP from 4275-4278' and cement from 4278-4352' (fell thru). Drill on iron sulfide from 4357-4384'. RD power swivel & stripper head. POOH w/bit & drill collars.
9. RU wire line & perforate at 4240-53', 4289-99', 4310-22', 4328-38' at 4 JSPF. RD wire line.

\*\*\*see attached sheet for additional data\*\*\*

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 NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 07/26/2013  
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 DIST. MGR DATE 7-30-2013  
CONDITIONS OF APPROVAL IF ANY:

JUL 30 2013

NHU 30-312

API 30-025-29197

10. RIH w/treating packer set @4144'. RU HES and pump 2200 gal of 15% acid in 3 settings. RD HES.
11. RIH w/Arrowset 1-X packer set on 130 jts of 2-7/8" Duoline 20 tubing. Packer set @4165'.
12. Test casing to 535 PSI for 30 minutes and chart for the NMOCD.
13. ND BOP/NU wellhead.
14. RDPU U RU. Clean location and return well to injection.

RUPU 06/06/2013

RDPU 06/28/2013

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

BR 2221

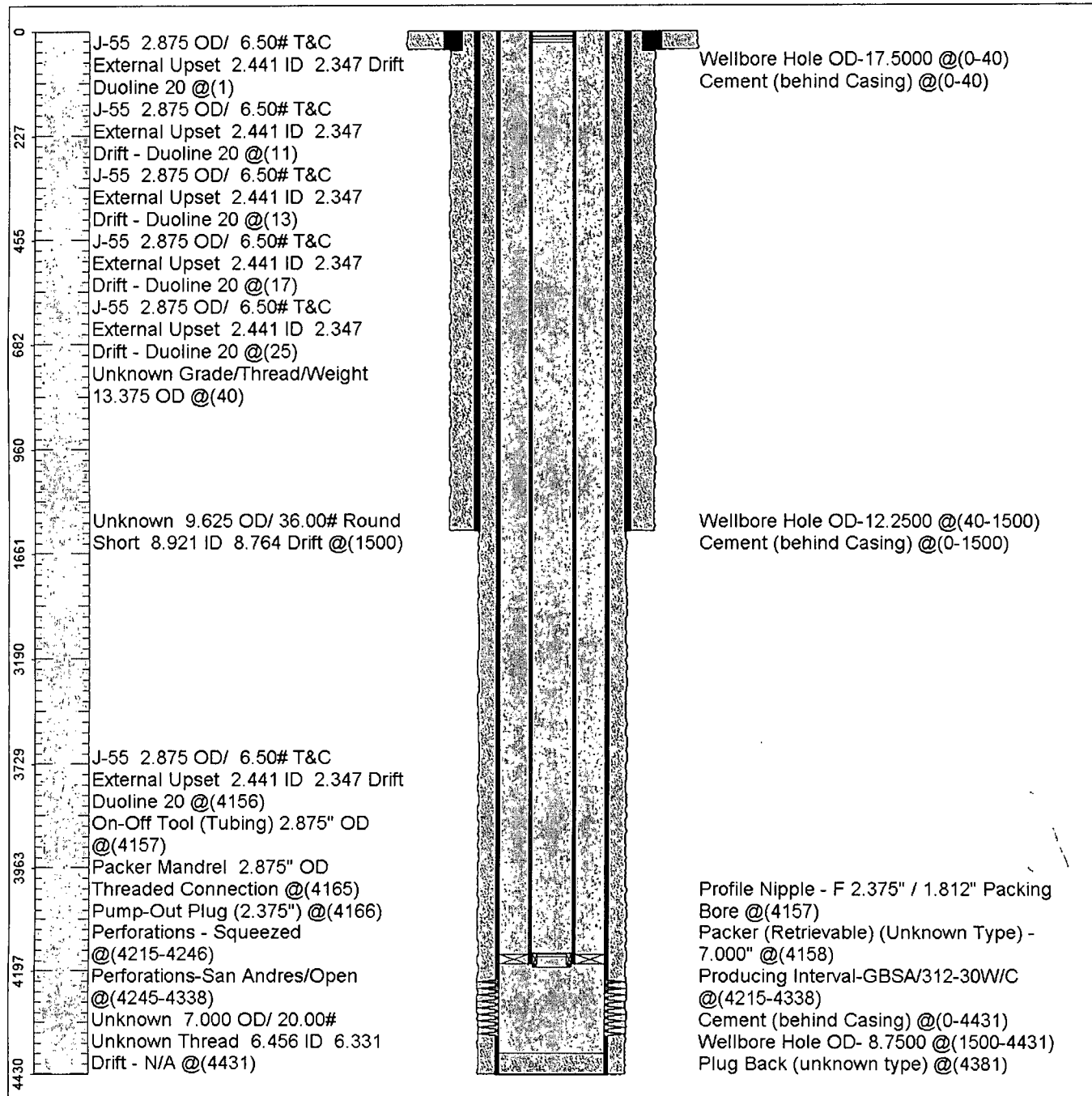
North Hobbs (GSA) Unit  
Well No. 30-312  
Dr. B. Sec. 30-T183-R38E  
API # 30-025-29197  
American Valve + Meter  
Calib Date 3-05-13  
Serial No. 7842

6-28-2013

*[Handwritten signature]*

July 17, 2013

## Work Plan Report for Well:NHSAU 312-30



Survey Viewer