

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

HOBBS OCD

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

AUG 28 2013

SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSED 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	WELL API NO. 30-025-29017
2. Name of Operator Occidental Permian Ltd.	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input 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>B</u> : <u>210</u> Feet From The <u>North</u> Line and <u>1400</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County <u>Lea</u>	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3664.5 KB	8. Well No. <u>312</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 _____	9. OGRID No. <u>157984</u>
10. Pool name or Wildcat <u>Hobbs (G/SA)</u>	

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: _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	PLUG & ABANDONMENT <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.
 2. RU wire line and perforate tubing @3996'. RD wire line.
 3. ND wellhead/NU BOP.
 4. POOH and lay down tubing and packer.
 5. RIH w/bit and drill collars. Tag @4065'. RU power swivel & stripper head. Drill on cement and CIBP from 4180-4193'. Push CIBP down to 4193'. Continue drilling pea gravel and cement from 4193-4330'. RD power swivel & stripper head. POOH w/bit & drill collars.
 6. RU wireline & perforate casing @4133-50', 4156-73', 4180-90', 4206-19' @4 JSPF. Rd wireline.
 7. RIH w/treating packer set @4129'. RU Rising Star and acid treat well with 2600 gal of 15% NEFE acid. RD Rising Star. POOH w/packer.
 8. RIH w/Arrowset I-X Dbl Grip packer set on 127 jts of 2-7/8" tubing. Packer set @4004'.
 9. ND BOP/NU wellhead.
 10. Test casing to 550 PSI for 30 minutes and chart for the NMOCD.
 11. RDPU & RU. Clean location and return well to injection.
- RUPU 06/28/2013 RDPU 07/16/2013

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 8/27/13
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

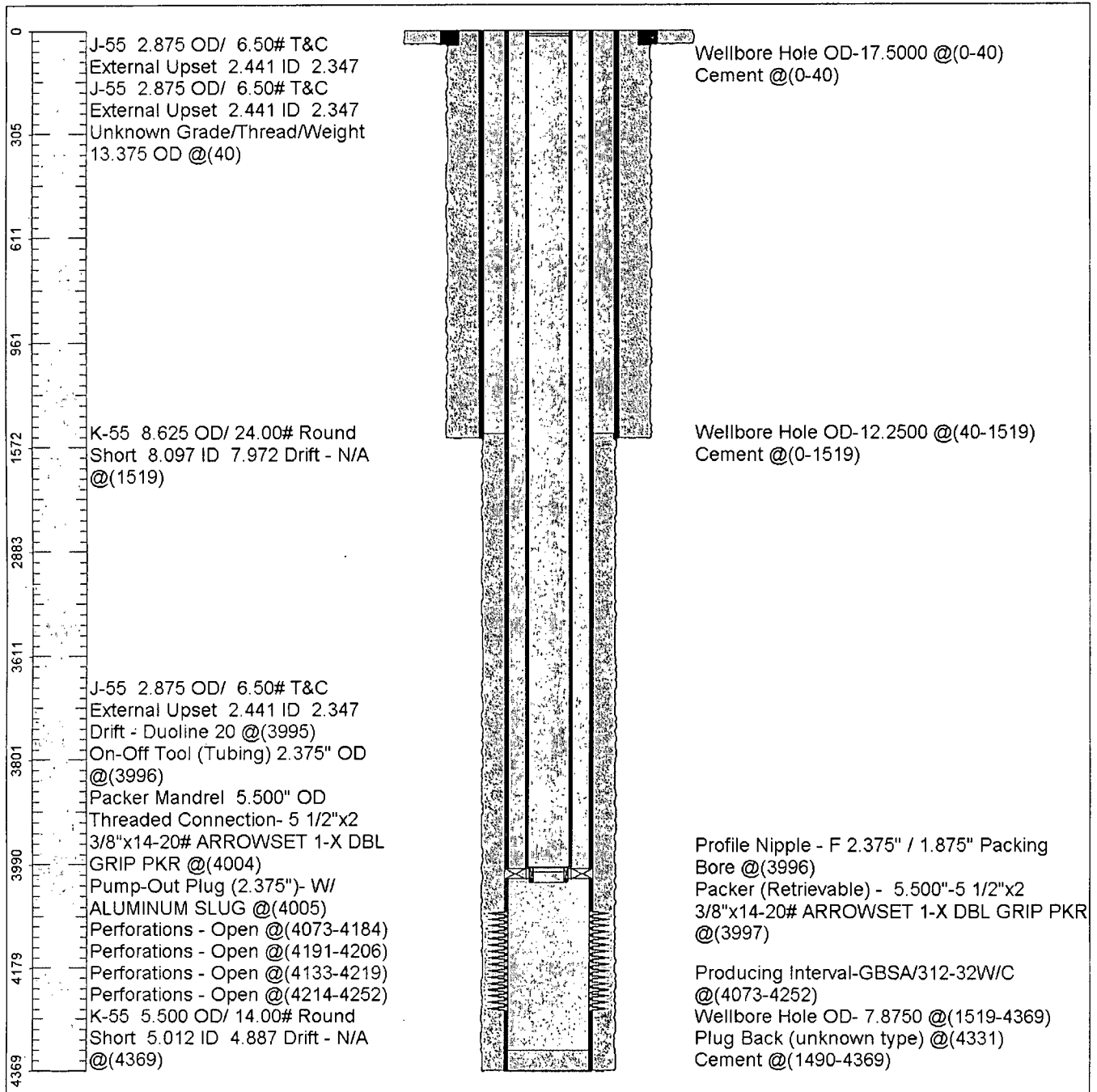
For State Use Only

APPROVED BY [Signature] TITLE Director DATE 8-27-2013
CONDITIONS OF APPROVAL IF ANY:

SEP 03 2013

August 26, 2013

Work Plan Report for Well:NHSAU 312-32



Survey Viewer

