

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88201

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-28305
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 South Hobbs (G/SA) Unit
8. Well No. COOP 2
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA) Wildcat; Tubbs; Dirkard; Abo

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 South Hobbs (G/SA) Unit
2. Name of Operator Occidental Permian Ltd.	8. Well No. COOP 2
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter <u>D</u> : <u>645</u> Feet From The <u>North</u> Line and <u>453</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County	10. Pool name or Wildcat Hobbs (G/SA) Wildcat; Tubbs; Dirkard; Abo
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3631' 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	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: _____	OTHER: <u>Acid treat/Clean out</u> <input checked="" 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. ND wellhead/NU BOP.
  3. POOH w/tubing and injection packer.
  4. RIH w/bit. Tagged CIBP @4260'. POOH w/bit.
  5. RIH w/PPI packer set @4117'. RU HES and pump 500 gal of 15% NEFE HCl acid with 500# gelled rock salt block, 1000 gal of 15% NEFE HCl acid. Flush acid with 50 bbl fresh water. RD HES. Flush well with 30 bbl fresh water down tubing. POOH w/PPI packer.
  6. RIH w/bit & drill collars. NU stripper head and power swivel. Cleaned out iron sulfide and formation from 4157-4165'. Drilled on CIBP from 4565-4565.30'. Fell thru to 4390'. ND stripper head and power swivel. POOH w/bit & drill collars.
  7. RIH w/Arrowset 1-X Dbl grip packer set on 123 jts of 2-3/8" duoline tubing. Packer set @4004'.
  8. ND BOP/NU wellhead.
  9. Test casing to 550 PSI for 30 minutes and chart for the NMOCD.
  10. RDPU & RU. Clean location and return well to injection

ORDER  
R-4934-F pg 12  
# 10

RUPU 11/12/2013 RDPU 11/20/2013

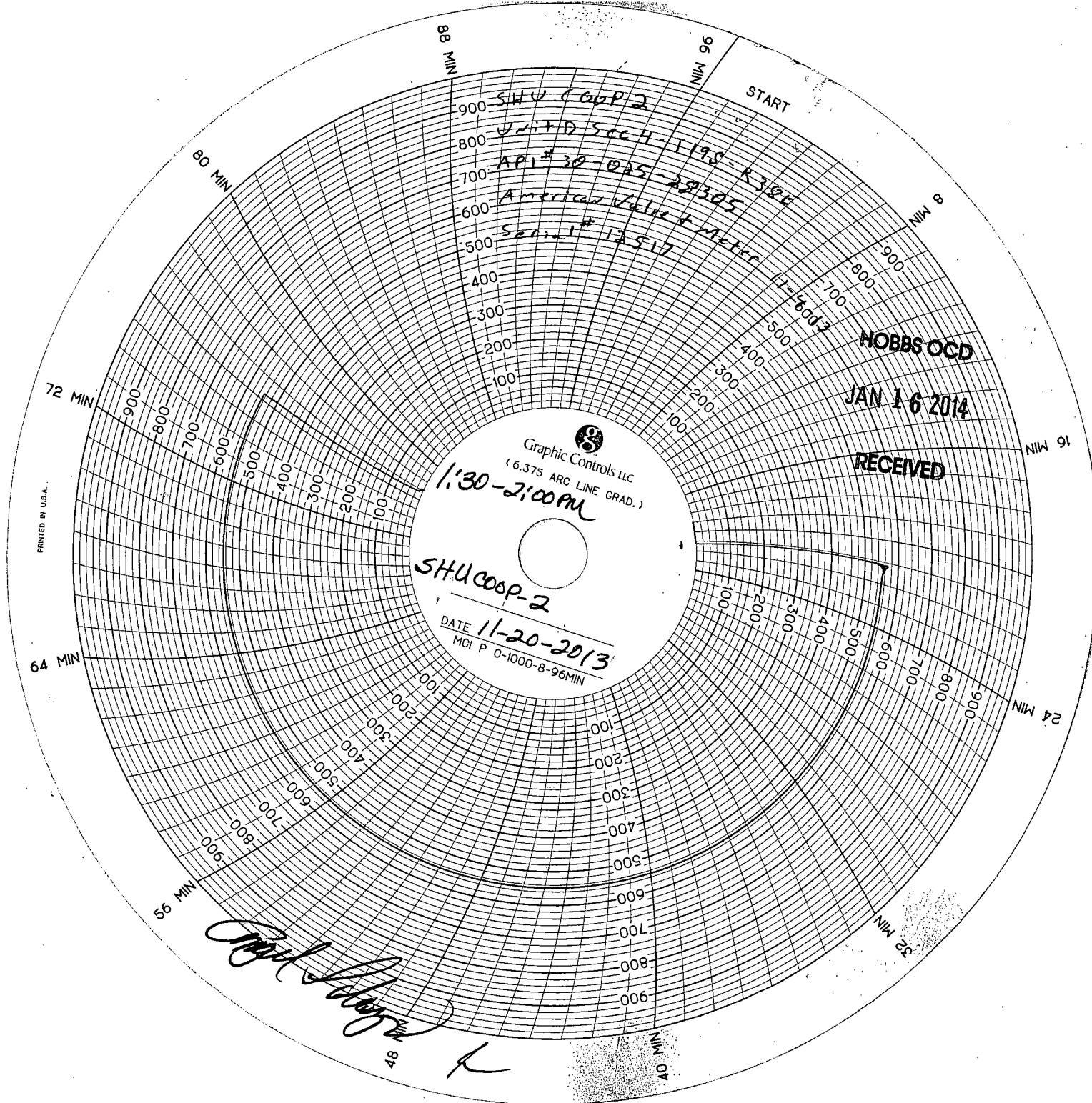
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or

closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 01/14/2014  
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

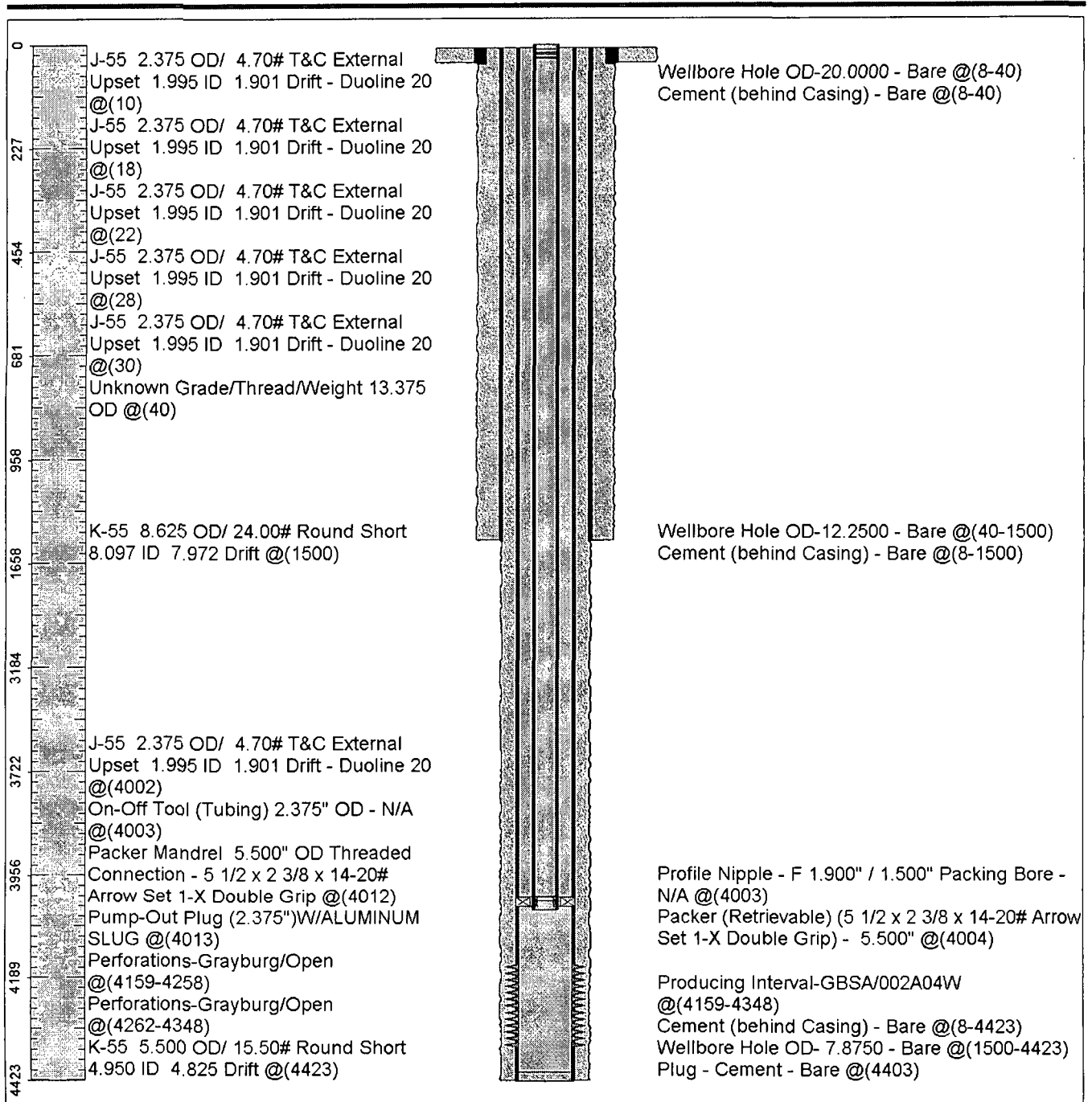
For State Use Only  
APPROVED BY Mary Brown TITLE Compliance Officer DATE 1/23/2014  
CONDITIONS OF APPROVAL IF ANY

JAN 23 2014



December 26, 2013

## Work Plan Report for Well:SHUCOOP-2



Survey Viewer