

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 5-22-2008

HOBBS OCD

JAN 27 2014

RECEIVED

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

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.)		WELL API NO. 30-025-05447
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 13
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County		8. Well No. <u>331</u>
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3679' KB		9. OGRID No. <u>157984</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 _____		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: 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"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input 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: <u>Convert to producer</u> <input checked="" type="checkbox"/>	
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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 w/bit. Tag @4232'. NU stripper head & power swivel. Clean out to 4290'. Drill new formation from 4290' to 4358'. ND power swivel & stripper head. POOH w/bit.
5. RIH w/treating packer set @4249'. RU HES & pump 3000 gal of 15% HCL acid and 1000 lb gelled rock salt in two stages. Flush with 50 bbl fresh water. RD HES.
6. RU pump truck & pump scale squeeze with 100 gal of 6490 chemical and 100 bbl fresh water. Flush with 200 bbl fresh water. RD pump truck.
7. RIH w/ESP equipment set on 110 jts of 2-7/8" tubing. Intake set @3640'.
8. ND BOP/NU wellhead.
9. RDPU & RU. Clean location and return well to production.

RU 04/15/2013 RD 04/24/2013

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

SIGNATURE	TITLE	DATE
<u>Mendy A. Johnson</u>	<u>Administrative Associate</u>	<u>06/20/2013</u>
TYPE OR PRINT NAME	E-mail address:	TELEPHONE NO.
<u>Mendy A. Johnson</u>	<u>mendy.johnson@oxy.com</u>	<u>806-592-6280</u>

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APPROVED BY	TITLE	DATE
<u>[Signature]</u>	<u>Petroleum Engineer</u>	<u>MAR 03 2014</u>

CONDITIONS OF APPROVAL IF ANY:

MAR 03 2014