

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

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

HOBBS OGD CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

JAN 31 2014

RECEIVED

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>		<p>WELL API NO. 30-025-23007</p>
<p>1. Type of Well:</p> <p>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease</p> <p>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>
<p>2. Name of Operator Occidental Permian Ltd.</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator HCR 1 Box 90 Denver City, TX 79323</p>		<p>7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32</p>
<p>4. Well Location</p> <p>Unit Letter <u>E</u> : <u>1730</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line</p> <p>Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County</p>		<p>8. Well No. <u>121</u></p>
<p>11. Elevation (Show whether DF, RKB, RT GR, etc.) 3635' GL</p>		<p>9. OGRID No. <u>157984</u></p>
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>		<p>10. Pool name or Wildcat <u>Hobbs (G/SA)</u></p>

<p>12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</p> <p align="center">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/></p> <p>OTHER: _____</p>		<p align="center">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <u>Return to Production/OAP/AT</u> <input checked="" type="checkbox"/></p>
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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.
- RUPU & RU.
 - ND wellhead/NU BOP.
 - RIH w/bit & drill collars. Tag @3895'. NU power swivel & stripper head. Drill out 3 CIBPs from 3896-4074'. Pushed down to 4220' TD. ND power swivel & stripper head. POOH w/bit & drill collars.
 - RU wire line @ set CIBP @4075'. Dump 5 feet of cement on top. RD wire line.
 - RIH w/packer set @4060'. Tested CIBP to 1000 PSI. Tested ok. POOH w/packer.
 - RU wire line & perforate hole @4048-65'. RD wire line.
 - RIH w/treating packer set @3887'. RU HES & pump 2500 gal of 15% PAD HCL acid and 500# gelled rock salt block in two stages. Flush w/40 bbl brine water. RD HES. RU pump truck and pump 100 bbl scale squeeze. Flush w/200 bbl 10# brine. RD pump truck. POOH w/treating packer.
 - RIH w/ESP equipment set on 116 jts of 2-7/8" tubing. Intake set @3835'
 - ND BOP/NU wellhead.
 - RDPU & RU. Clean location and return well to production. RUPU 12/17/13 RDPU 12/31/13

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 01/30/2014

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

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APPROVED BY Mary Brown TITLE Compliance Officer DATE 3/27/2014

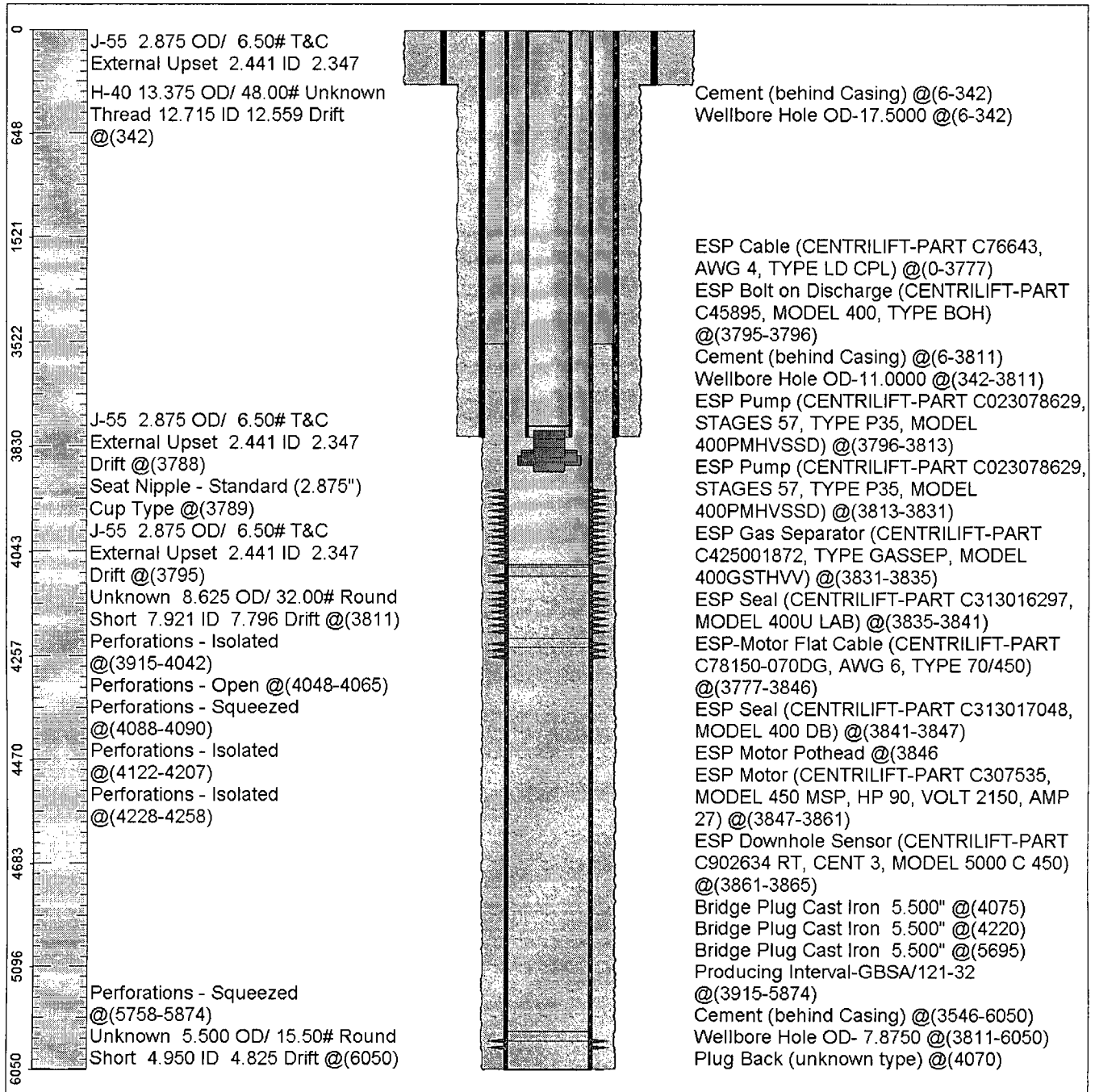
CONDITIONS OF APPROVAL IF ANY:

MAR 27 2014

dn

January 24, 2014

Work Plan Report for Well:NHSAU 121-32



Survey Viewer