

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05484	
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 North Hobbs (G/SA) Unit Section 24	
8. Well No.	131
9. OGRID No.	157984
10. Pool name or Wildcat	Hobbs (G/SA)

<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>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector</p>	
<p>2. Name of Operator Occidental Permian Ltd.</p>	
<p>3. Address of Operator HCR 1 Box 90 Denver City, TX 79323</p>	
<p>4. Well Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1315</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County</p>	
<p>11. Elevation (Show whether DF, RKB, RT GR, etc.) 3671' GR</p>	
<p>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 _____</p>	

<p>12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</p>	
<p>NOTICE OF INTENTION TO:</p> <p>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"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>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: Failed MIT test repair <input checked="" type="checkbox"/></p>

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 & set blanking plug @4106'. RD wire line.
 3. ND wellhead/NU BOP.
 4. Pressure test tubing. Lost pressure. POOH and lay down tubing.
 5. Pressure test packers. Lost pressure. POOH and lay down packers.
 6. RU wire line & fish blanking plug. RD wire line.
 7. Hydrotested tubing. Found 6 joints with bad liners. Replaced those 6 joints.
 8. RIH w/ dual injection packers set on 125 jts of Duoline 20 tubing. Arrowset 1-X Dbl grip packer set @4103'. KTC Hydraulic Tandem packer (re-dressed) set @4139'.
 9. ND BOP/NU wellhead.
 10. Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
 11. RDPU & RU. Clean location and return well to injection.
- RUPU 06/16/2014 RDPU 06/23/2014

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 ☐

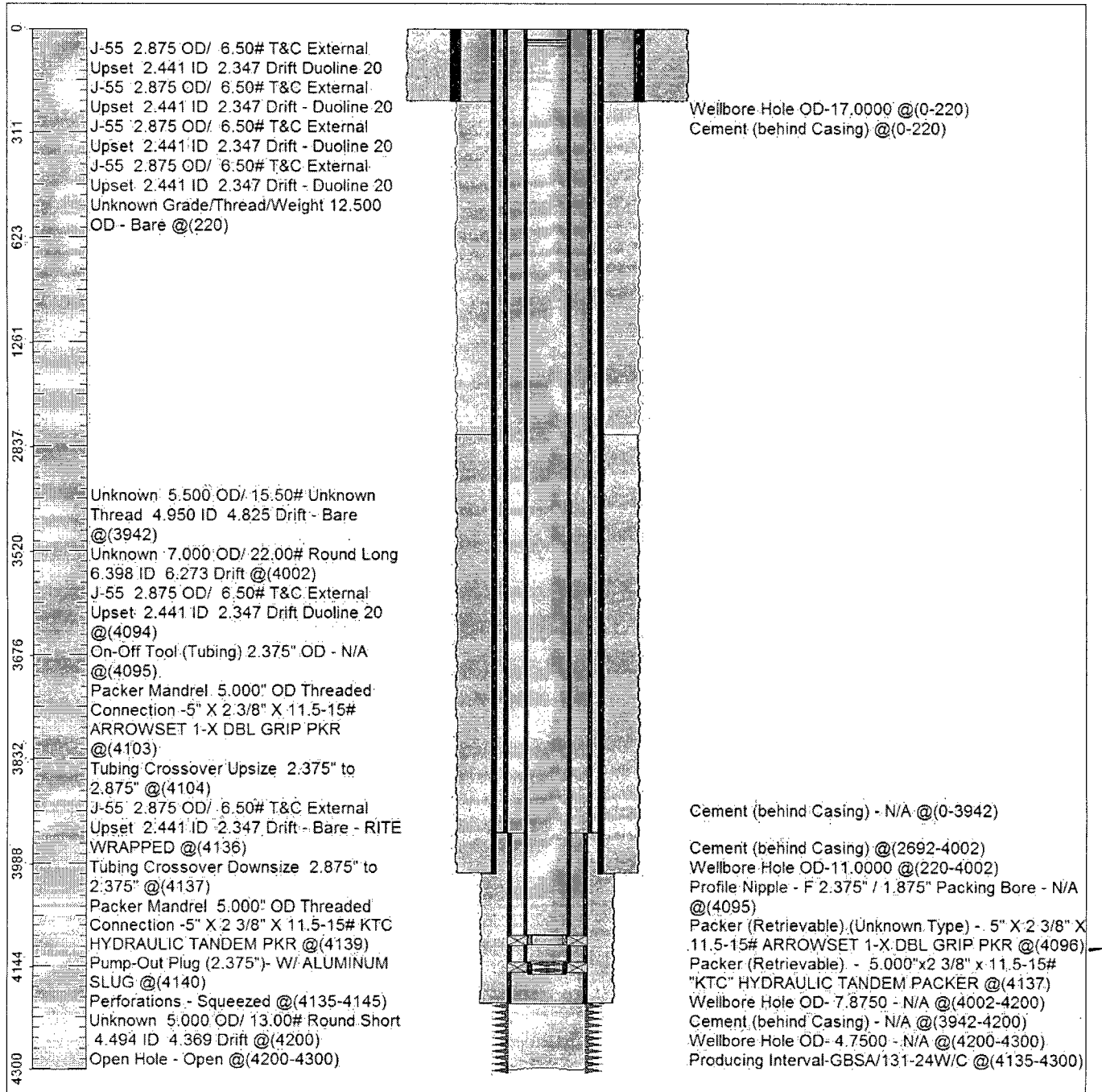
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 07/29/2014
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only
 APPROVED BY Mary Brown TITLE Dist. Supervisor DATE 7/30/2014
 CONDITIONS OF APPROVAL IF ANY _____

AUG 04 2014

July 28, 2014

Work Plan Report for Well:NHSAU 131-24



Survey Viewer

