

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. 30-025-07370
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 19
8. Well No. 411
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 Injector <input checked="" type="checkbox"/> HOBBS OCD	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 19
2. Name of Operator Occidental Permian Ltd.	8. Well No. 411
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter A : 1300 Feet From The North Line and 1300 Feet From The East Line Section 19 Township 18-S Range 38-E NMPM Lea County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3679' DF	
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: Return well to injection <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. RIH w/bit & drill collars. Tagged @3914'. RU power swivel & stripper head. Drill on CIBP @3914'. Fell to 4225'. Drilled from 4225-4332' and plugged off. Circulate clean. Clean wellbore from 4332-4342'. Circulate clean. RD power swivel & stripper head. POOH w/bit & drill collars.
4. RIH w/RBP set @4230' and packer set @4150'. Test packer. Tested OK. POOH w/RBP and packer.
5. RU wire line and run CCL, CBL and gamma ray log from 4342-3350'. RD wire line. Send logs to engineers.
6. RU wire line and perforate well @4322-13', 4296-4306' at 4 JSPF. RD wire line.
7. RIH w/treating packer set @4258'. RU Warrior acid truck and pump 750 gal of 15% NEFE acid followed by 900# of rock salt.. Casing started to communicate. Pulled packer to 4130' and pumped 1750 gal of acid. Flush casing w/100 bbl fresh water. RD acid truck. POOH w/treating packer.

\*\*\*see attached sheet for additional data\*\*\*

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 Mark Brown TITLE Dist. Supervisor DATE 7/30/2014  
CONDITIONS OF APPROVAL IF ANY

AUG 04 2014

NHU 19-411 API #30-025-07370

8. RIH w/bit. Tag @4342'. POOH w/bit.
9. RIH w/packer set @3972'. Tested packer to 600#. Held OK. RU pump truck and pump 5 gal of 1385 chemical mixed w/80 bbl brine. RD pump truck. POOH w/packer.
10. RIH w/Arrowset 1-X Dbl grip packer set on 120 jts of 2-3/8" Duoline 20 tubing. Packer set @3936
11. ND BOP/NU wellhead.
12. Test casing to 610 PSI for 30 minutes and chart for the NMOCD.
13. RDPU & RU. Clean location and return well to injection.

RUPU 06/13/2014

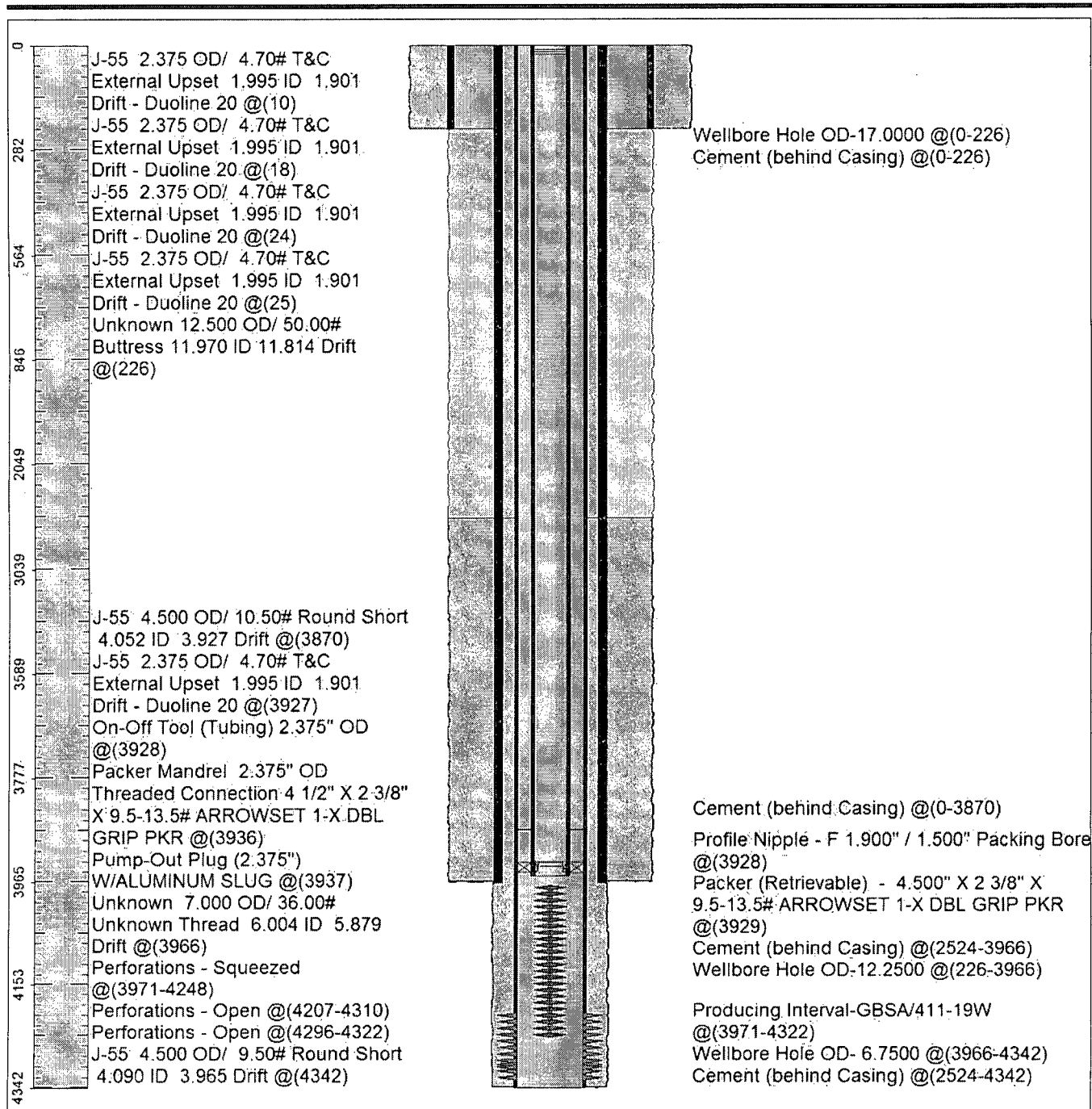
RDPU 06/24/2014



July 28, 2014

## Work Plan Report for Well:NHSAU 411-19

## Wellbore Diagram



## Survey Viewer

START

96 MIN

8 MIN

16 MIN

24 MIN

32 MIN

40 MIN

48 MIN

56 MIN

64 MIN

72 MIN

80 MIN

88 MIN

Graphic Controls LLC

(6.375 ARC LINE / GRAD.)

6/24/2014

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30-025-0737.0

MCI P 0-1000-8-96MIN

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