

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

**OIL CONSERVATION DIVISION**

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

HOBBS OGD

OCT 17 2014

RECEIVED

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 North Hobbs (G/SA) Unit Section 13
2. Name of Operator Occidental Permian Ltd.	8. Well No. 431
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter <u>I</u> <u>1640</u> Feet From The <u>South</u> Line and <u>1000</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	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3625.5' GR	
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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: MIT Failure repair <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. RU wire line & set blanking plug @4023'. RD wire line.
4. POOH w/tubing. Found one joint with mess up threads and collar.
5. RIH w/Arrowet 1-X Dbl Grip packer set on 125 jts of 2-7/8" Douline tubing. Packer set @4030'.
6. ND BOP/NU wellhead.
7. RU wire line & fish blanking plug.
8. Test casing to 540 PSI for 30 minutes and chart for the NMOCD.
9. RDPU & RU. Clean location and return well to injection.

RUPU 08//12/2014

RDPU 08/14/2014

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 10/16/2014  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

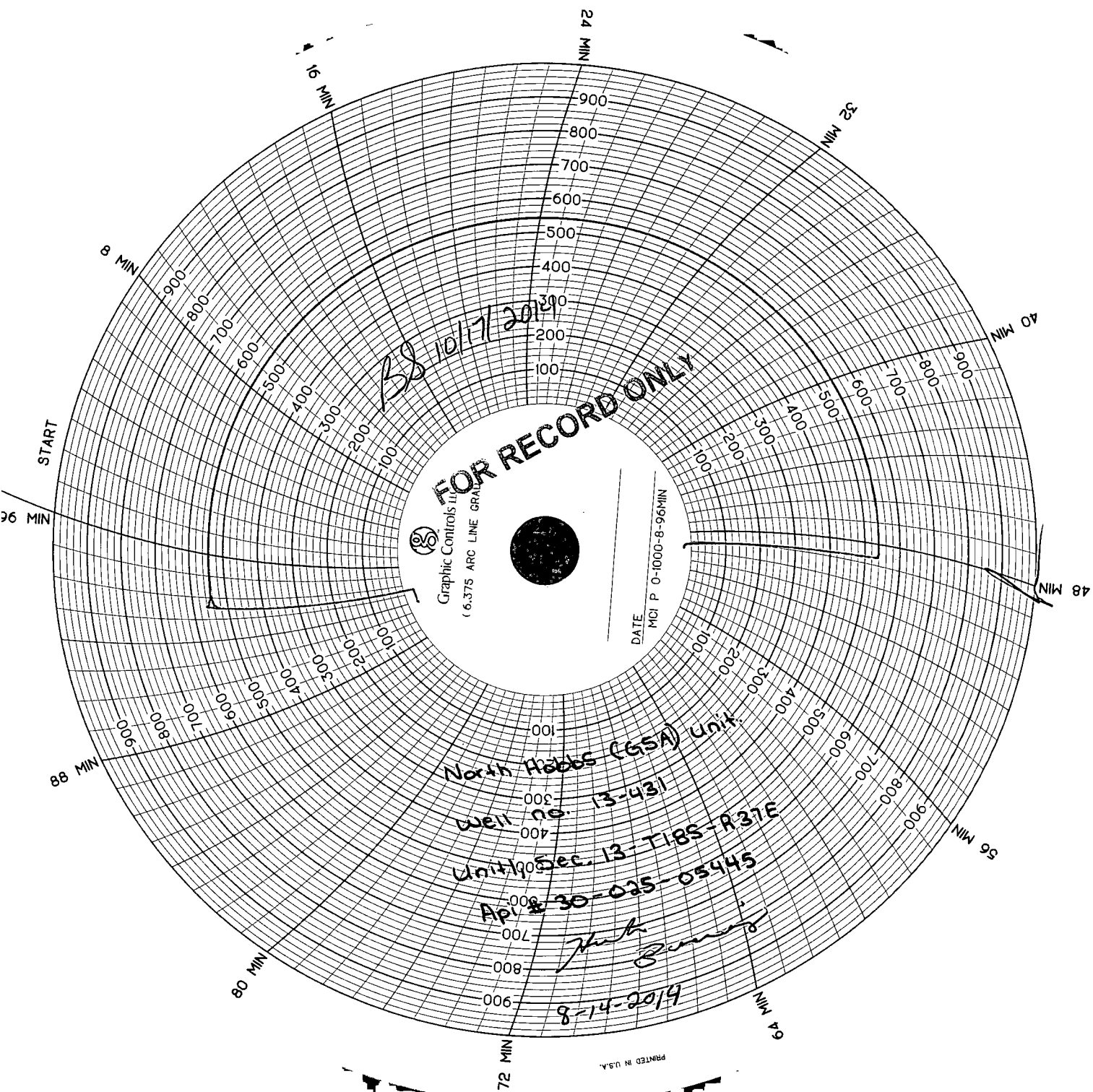
For State Use Only

APPROVED BY Bel S. Sarmiento TITLE Staff Manager DATE 10/17/2014

CONDITIONS OF APPROVAL IF ANY:

**FOR RECORD ONLY**

OCT 22 2014



FOR RECORD ONLY



Graphic Controls II  
(6.375 ARC LINE GRAPH)

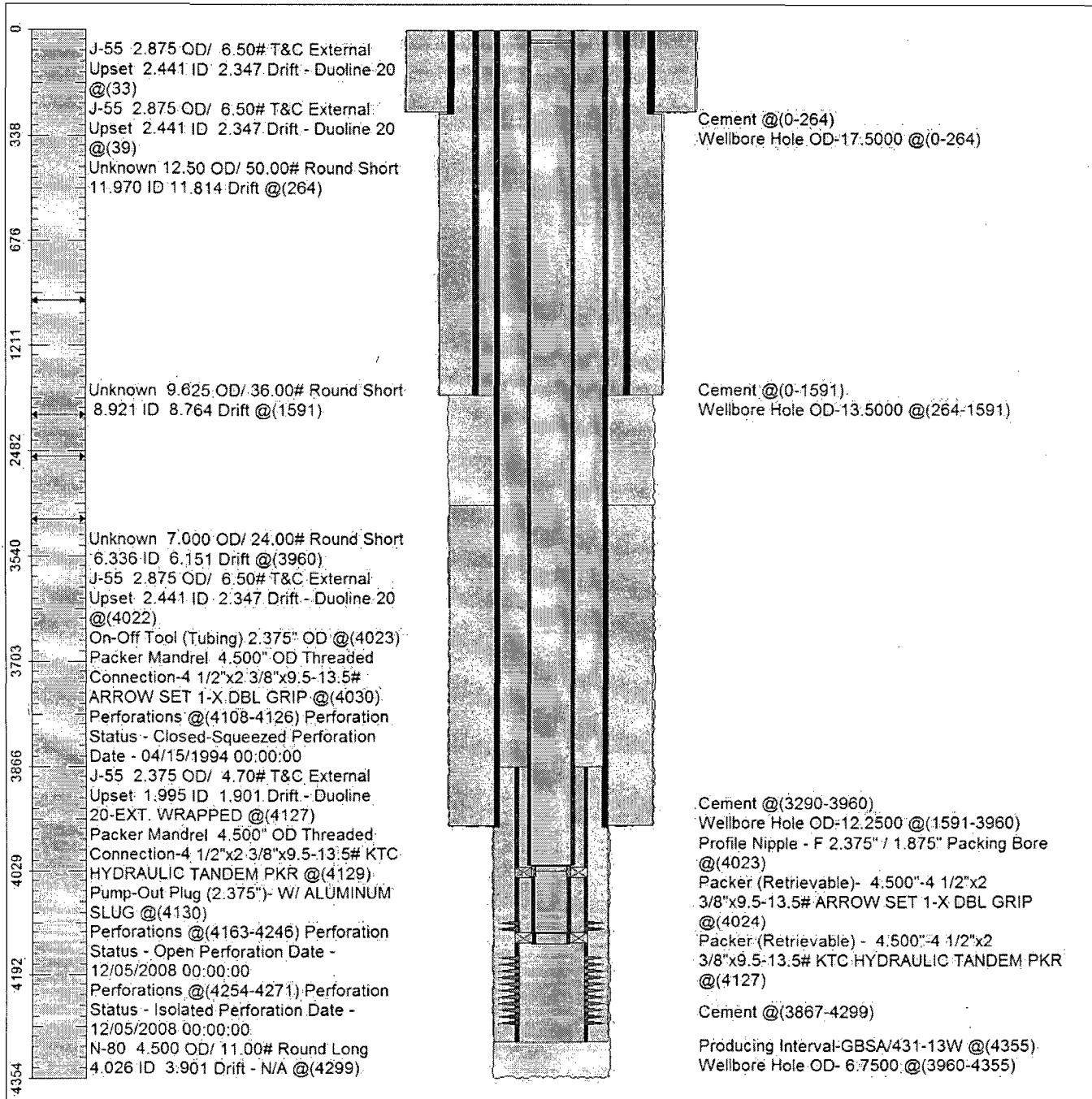
DATE  
MCI P 0-1000-8-96MIN

North Hobbs (GSA) Unit  
Well no. 13-431  
Unit Sec. 13-T18S-R37E  
API # 30-025-05445

*J. H. B. B. B.*  
8-14-2019

October 16, 2014

## Work Plan Report for Well:NHSAU 431-13



Survey Viewer