

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 87504

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025-07514

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit
Section 31

8. Well No. 121

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 <input checked="" type="checkbox"/> Injector	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3645' GL	
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: _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Failed MIT 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. RU wire line & set blanking plug @3968'. RD wire line.
3. ND wellhead/NU BOP.
4. POOH w/duoline tubing. RU Hydrotestors and run back in hole with duoline tubing. RD Hydrotestors. Found some bad seals on tubing.
5. ND BOP/NU wellhead.
6. RU wire line & fish blanking plug. RD wire line.
7. RIH w/Arrowset I-X Dbl Grip packer set on 126 jts of Duoline 20 Tubing. Packer set @3986'.
8. Test casing to 520 PSI for 30 minutes and chart for the NMOCD.
9. RDPU & RU. Clean location and return well to injection.

RUPU 08/21/2014
RDPU 08/25/2014

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@oxv.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY Bill Samanaka TITLE Staff Manager DATE 10/17/2014

CONDITIONS OF APPROVAL IF ANY:

FOR RECORD ONLY

OCT 22 2014

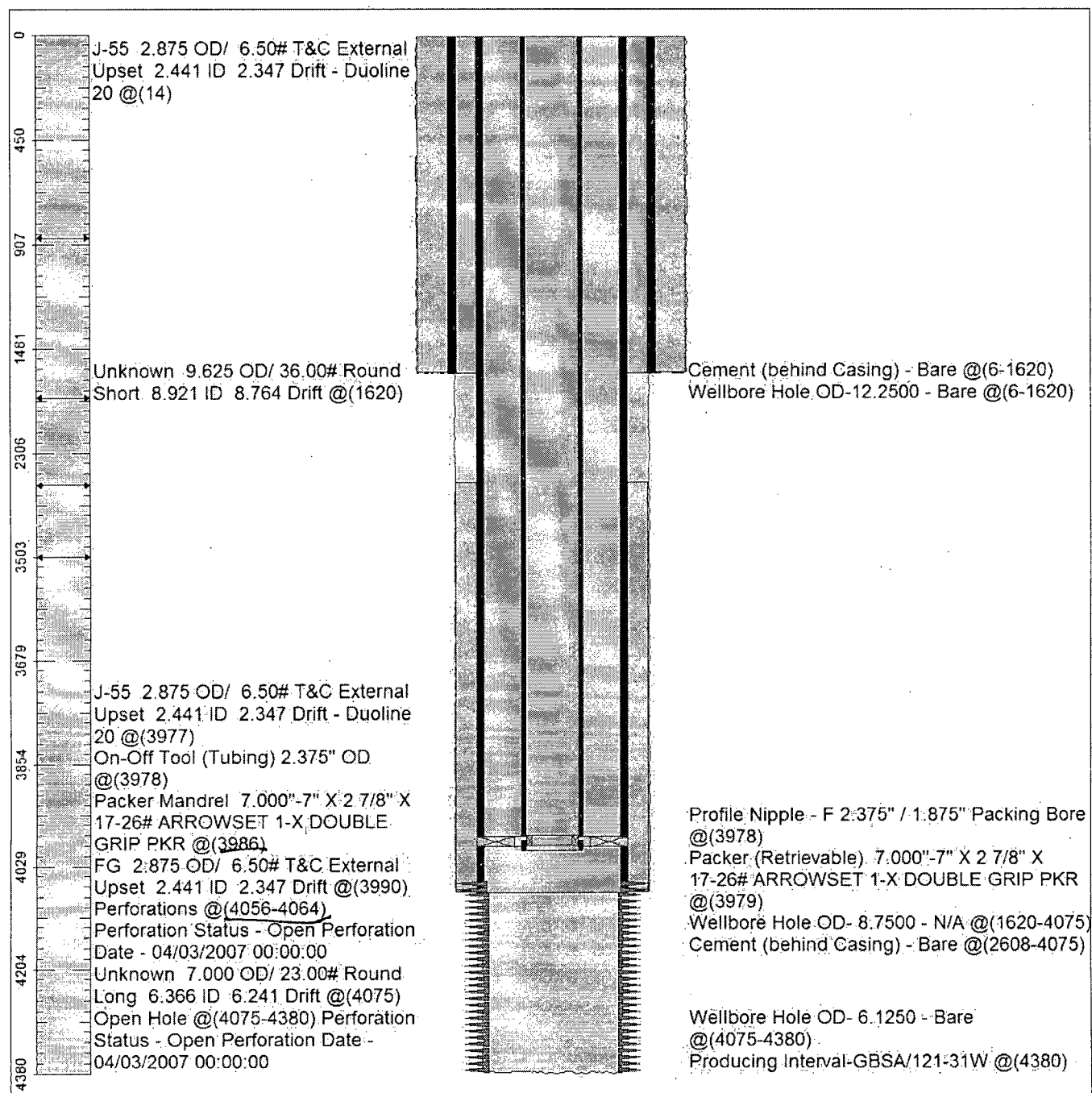
October 16, 2014

Work Plan Report for Well:NHSAU 121-31

Packer (Retrievable) 7.000"-7" X 2 7/8" X 17-26# ARROWSET 1-X DOUBLE GRIP PKR

Packer Mandrel 7.000"-7" X 2 7/8" X 17-26# ARROWSET 1-X DOUBLE GRIP PKR

Wellbore Diagram



Survey Viewer

