State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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 OCD
AUG 13 2012
RECEIVED

WELL API NO: 30-025-27138

5. Indicate Type of Lease: STATE [ ] FEE [X]

6 State Oil & Gas Lease No

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.)

7 Lease Name or Unit Agreement Name: North Hobbs (G/SA) Unit Section 19

1 Type of Well: Oil Well [ ] Gas Well [ ] Other Injector

8 Well No 142

2 Name of Operator: Occidental Permian Ltd.

9 OGRID No 157984

3. Address of Operator: HCR 1 Box 90 Denver City, TX 79323

10 Pool name or Wildcat: Hobbs (G/SA)

4 Well Location

Unit Letter M : 1200 Feet From The South 1300 Feet From The West Line

Section 19 Township 18-S Range 38-E NMPM Lea County

11 Elevation (*Show whether DF, RKB, RT GR, etc.*) 3659' GL

Pit or Below-grade Tank Application [ ] or Closure [ ]

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	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	Multiple Completion	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER:			[ ]	OTHER: Casing repair			[X]

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 slickline & set blanking plug in packer. RD slickline
3. Tested tubing and casing. Both tested OK.
4. ND wellhead/NU BOP.
5. POOH w/tubing. Changed out seals on Duoline tubing. Tested packer. Tested OK.
6. RIH w/Arrowset 1-X packer set on 124 jts of 2-7/8" Duoline 20 tubing. Packer set @4087'.
7. ND BOP/NU wellhead.
8. Test casing to 560 PSI for 30 minutes and chart for the NMOCD.
9. RDPU & RU. Clean location and return well to injection.

RUPU 07/16/2012
RDPU 07/20/2012

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 08/08/2012

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

For State Use Only

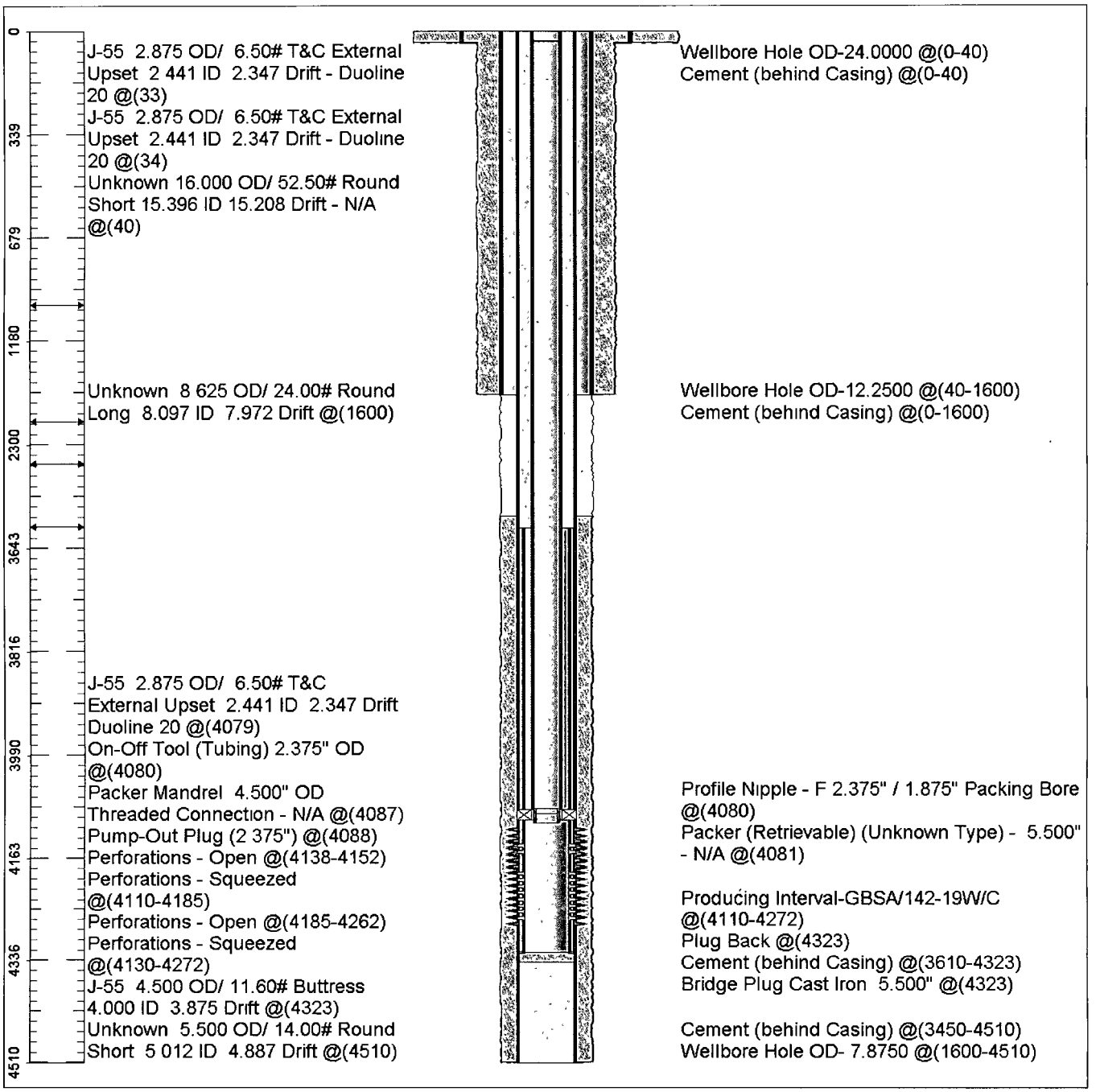
APPROVED BY _____ TITLE Dist. Mgr DATE 8-14-2012

CONDITIONS OF APPROVAL IF ANY:

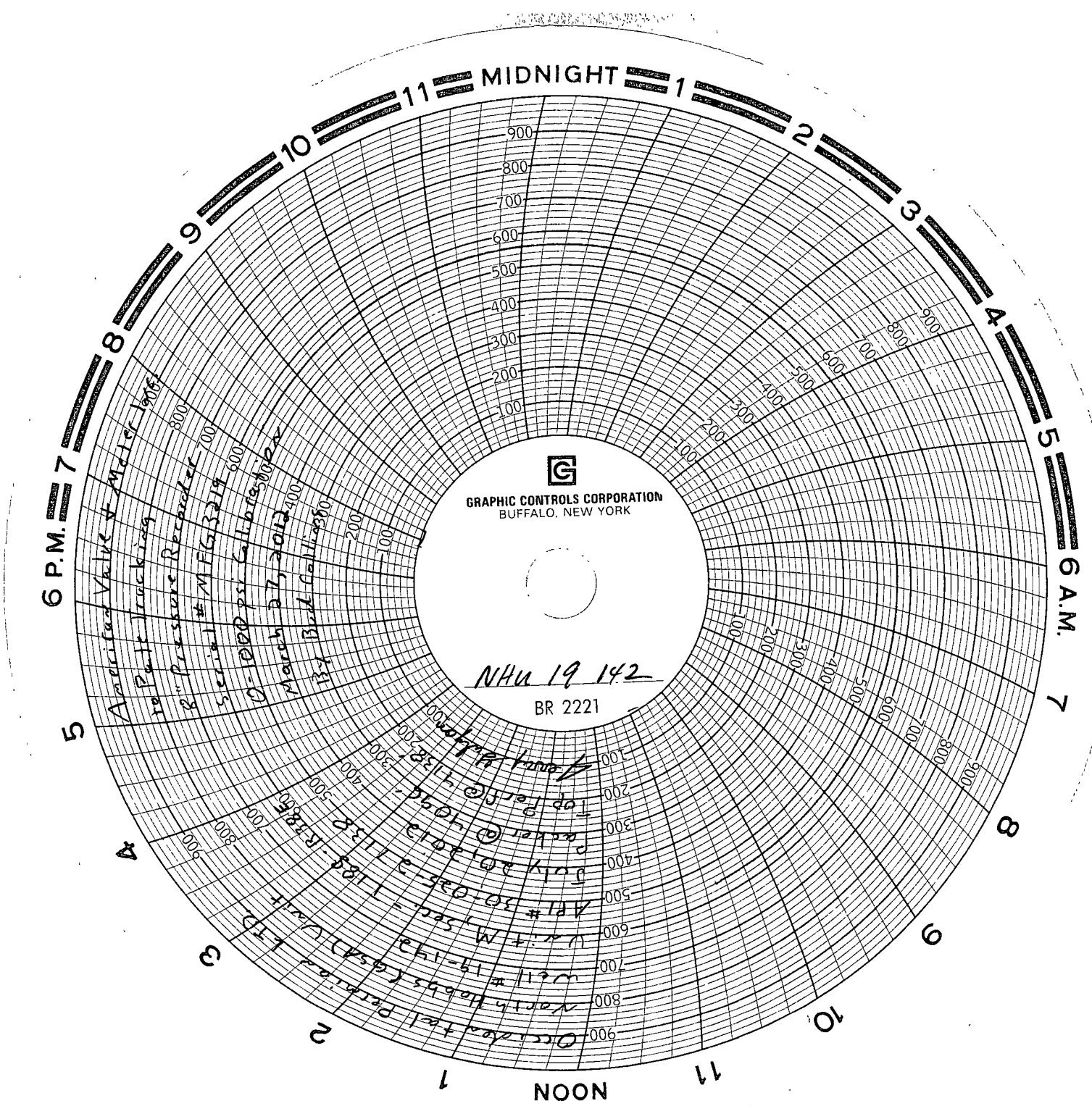
AUG 14 2012

August 9, 2012

Work Plan Report for Well:NHSAU 142-19



Survey Viewer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