

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPPLICATE

**HOBBS OCD 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

OCT 09 2012

RECEIVED

WELL API NO 30-025-34994
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 33
8 Well No 631
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 <u>Injector</u>	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>B</u> <u>490</u> Feet From The <u>North</u> Line <u>2325</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County
11 Elevation (Show whether DF, RKB, RT GR, etc) 3648' KB	
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: _____	<input type="checkbox"/>	OTHER: <u>Coiled tubing job</u>	<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. RU coiled tubing unit.
2. RIH & clean out to 4372'. Circulate clean.
3. Wash perfs from 4234-4344' w/2000 gal of 15% NEFE acid. Flush w/20 bbl of brine. Circulate clean.
4. POOH and RD coiled tubing unit.
5. Return well to injection.

RU 7/24/2012  
RD 7/24/2012

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 10/05/2012  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

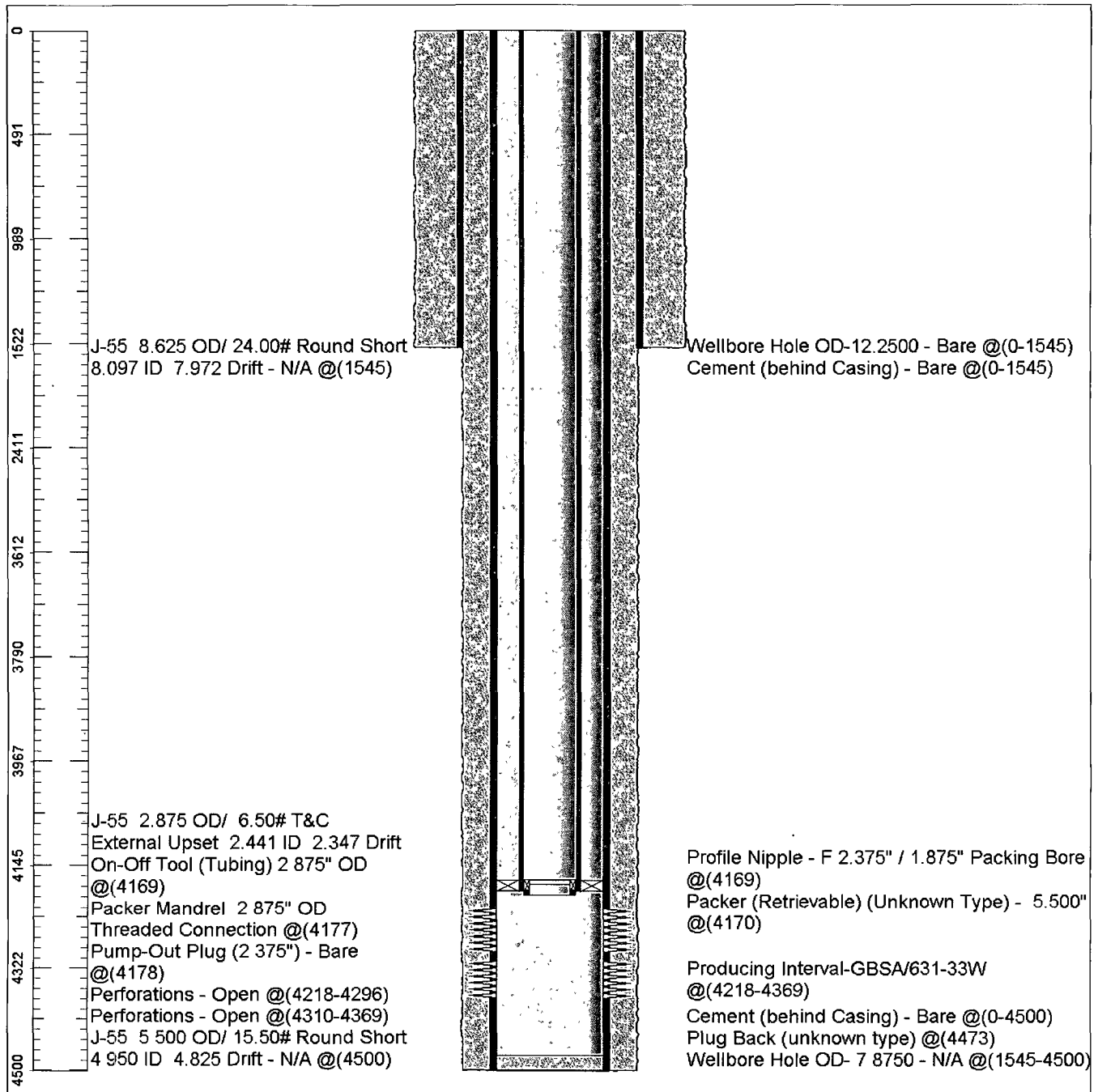
For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr. DATE 10-0-2012  
CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_

OCT 10 2012

October 4, 2012

## Work Plan Report for Well:NHSAU 631-33



Survey Viewer