

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

DISTRICT II

1301 W Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

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

WELL API NO 30-025-26974
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 32
8 Well No 432
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 ☐ Gas Well ☐ Other <u>Injector</u>	7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
2 Name of Operator Occidental Permian Ltd.	8 Well No 432
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>1400</u> Feet From The <u>South</u> Line and <u>1300</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMMPM <u>Lea</u> County <u></u>	10. Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RTGR, etc) 3650' 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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: _____	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>Casing pressure repair</u> ☒

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 & RIH w/blanking plug set @3890'. RD slickline.
3. Tested tubing to 1000# for 30 minutes. Leaked 100#. Tested casing to 550# for 30 minutes. Held.
4. NU BOP/ND wellhead.
5. POOH w/tubing.
6. RIH w/RBP set @1641'. Dump 3 sacks of sand down well.
7. Unset & POOH w/RBP.
8. Hydrotest 125 jts of 2-3/8" Duoline 20 tubing into hole. Arrowset 1-X Double grip packer set @3896'
9. RU slickline & fish blanking plug. RD slickline.
10. ND BOP/NU C-prox wellhead.
11. Test casing to 560 PSI for 30 minutes and chart for the NMOCD.
12. RDPU & RU. Clean location and return well to injection.

RU 07/30/2012 RD 08/06/2012

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

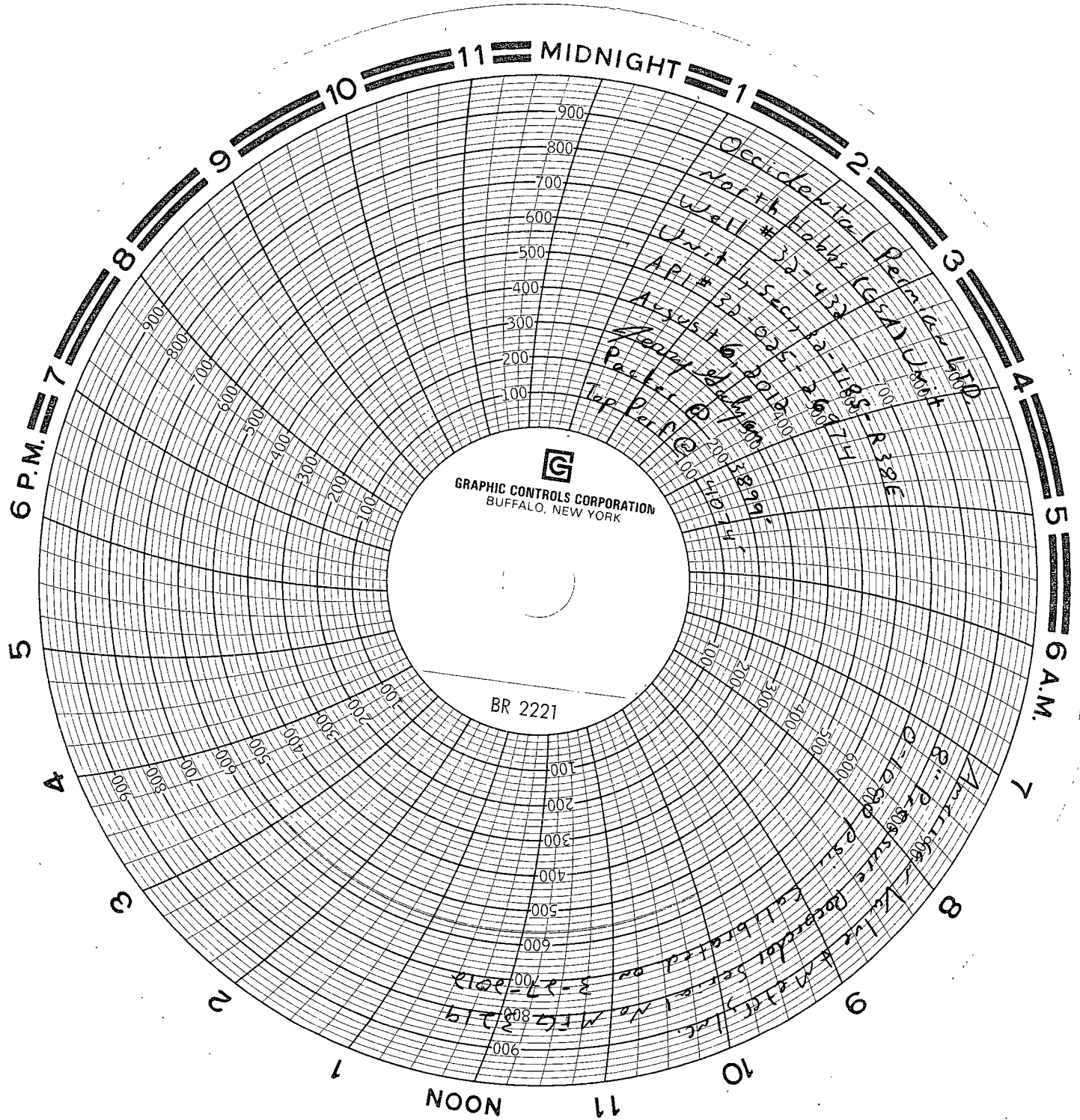
closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

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

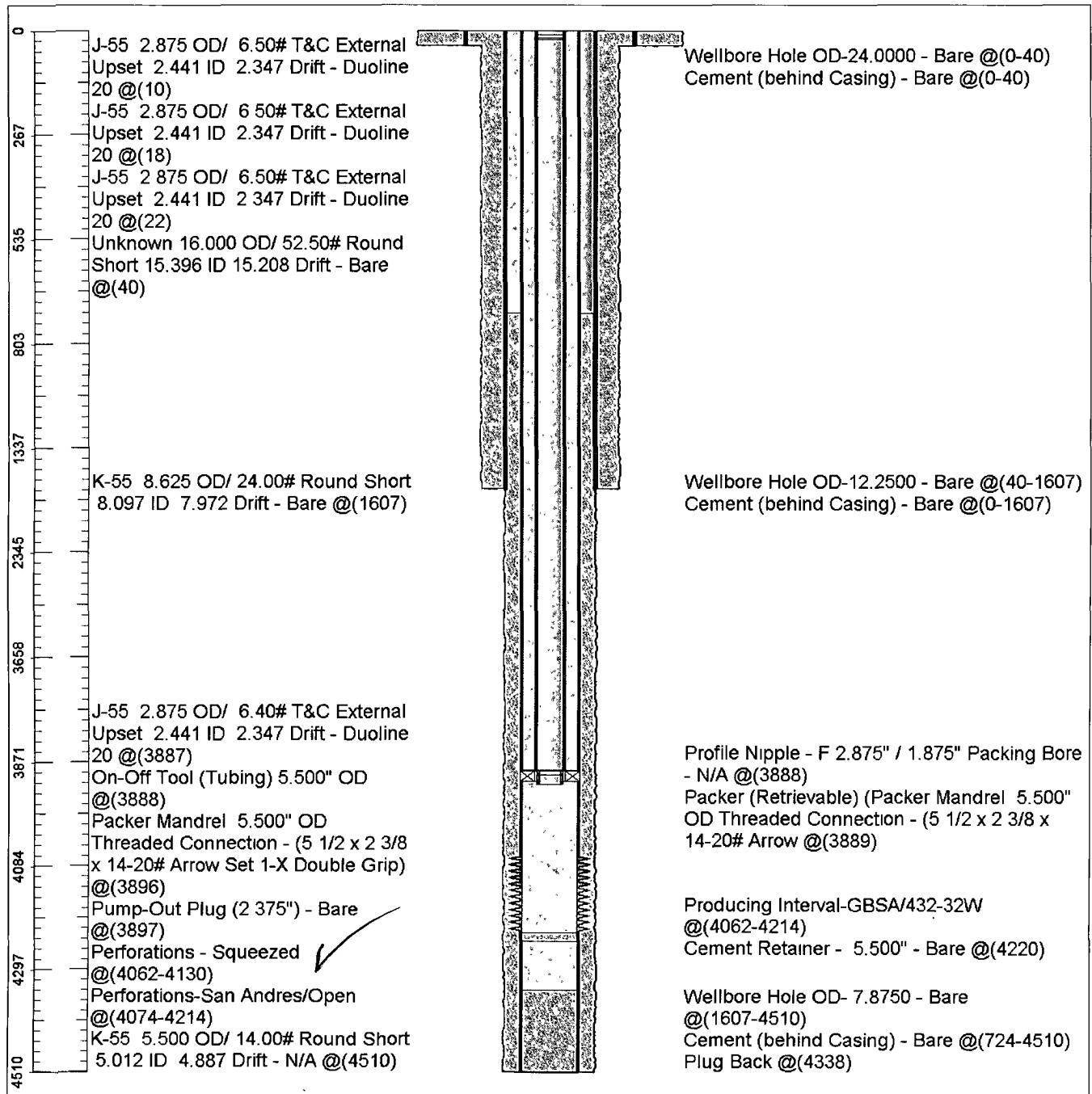
APPROVED BY [Signature] TITLE DIST. MGR DATE 10-10-2012
CONDITIONS OF APPROVAL IF ANY: _____

OCT 10 2012



September 24, 2012

Work Plan Report for Well:NHSAU 432-32



Survey Viewer