

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

**HOBBS OGD**  
**NOV 16 2012**  
**RECEIVED**  
**OIL CONSERVATION DIVISION**

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

|                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-05490                                                                       |
| 5 Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6 State Oil & Gas Lease No                                                                         |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit                                    |
| Section 24                                                                                         |
| 8 Well No. 341                                                                                     |
| 9 OGRID No 157984                                                                                  |
| 10 Pool name or Wildcat Hobbs (G/SA)                                                               |

|                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Type of Well<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                         |  |
| 2 Name of Operator<br>Occidental Permian Ltd.                                                                                                                                                                                                                                                                                           |  |
| 3 Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323                                                                                                                                                                                                                                                                             |  |
| 4 Well Location<br>Unit Letter <u>O</u> <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line<br>Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County                                                                                                                    |  |
| 11 Elevation (Show whether DF, RKB, RT GR, etc)<br>3655' GL                                                                                                                                                                                                                                                                             |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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 checked="" 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: _____                                        | <input 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 & perforate tubing @3970'. RD wire line.
3. ND wellhead/NU BOP.
4. POOH and lay down ESP equipment.
5. Run back in hole w/ESP equipment set on 125 jts of 2-7/8" tubing. Intake set @4006'
6. ND BOP/NU wellhead.
7. RDPU & RU. Clean location and return well to production.

RUPU 10/02/2012  
RDPU 10/08/2012

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 11/14/2012  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

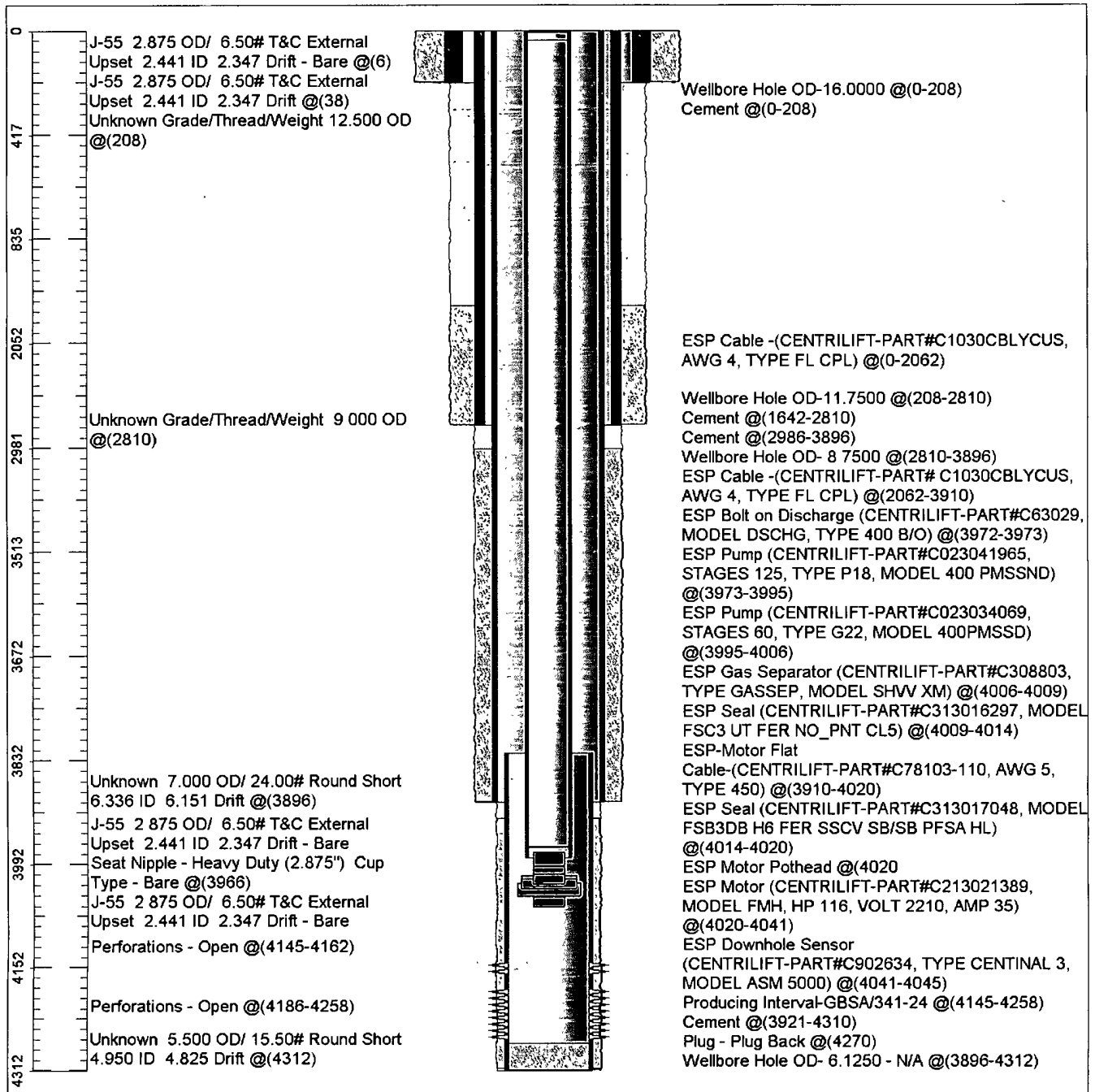
For State Use Only

APPROVED BY [Signature] TITLE Dist Mgr DATE !  
CONDITIONS OF APPROVAL IF ANY:

NOV 19 2012

November 13, 2012

## Work Plan Report for Well:NHSAU 341-24



Survey Viewer