

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

**HOBBS OCD** 1220 South St. Francis Dr.  
Santa Fe, NM 87505

**MAR 01 2013**

WELL API NO. 30-025-28356
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well No. 153
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

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
Unit Letter C : 1105 Feet From The North Line and 1585 Feet From The West Line  
Section 9 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3660.8 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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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.

- RUPU & RU.
- RU wireline & perforate tubing @4075'. RD wireline.
- ND wellhead/NU BOP.
- POOH w/ESP equipment.
- RIH w/bit. Tag TD @4250'. POOH w/bit.
- RU Gray wireline & perforate casing @4101-08', 4115-30' at 4 JSPF. RD Gray wireline.
- RIH w/treating packer set @4245'. RU HES & pump 3100 gal of 15% NEFE HCL acid in 3 stages. RD HES. RU pump truck & pump scale squeeze with 100 gal of 6490 chemical mixed in 100 bbl of fresh water. Flush w/200 bbl 10# brine. RD pump truck. POOH w/packer.
- RIH w/ESP equipment set on 122 jts of 2-7/8" tubing. Intake set @4065'.
- ND BOP/NU wellhead.
- RDPU & RU. Clean location and return well to production.

RUPU 12/30/2012 RDPU 01/08/2013

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

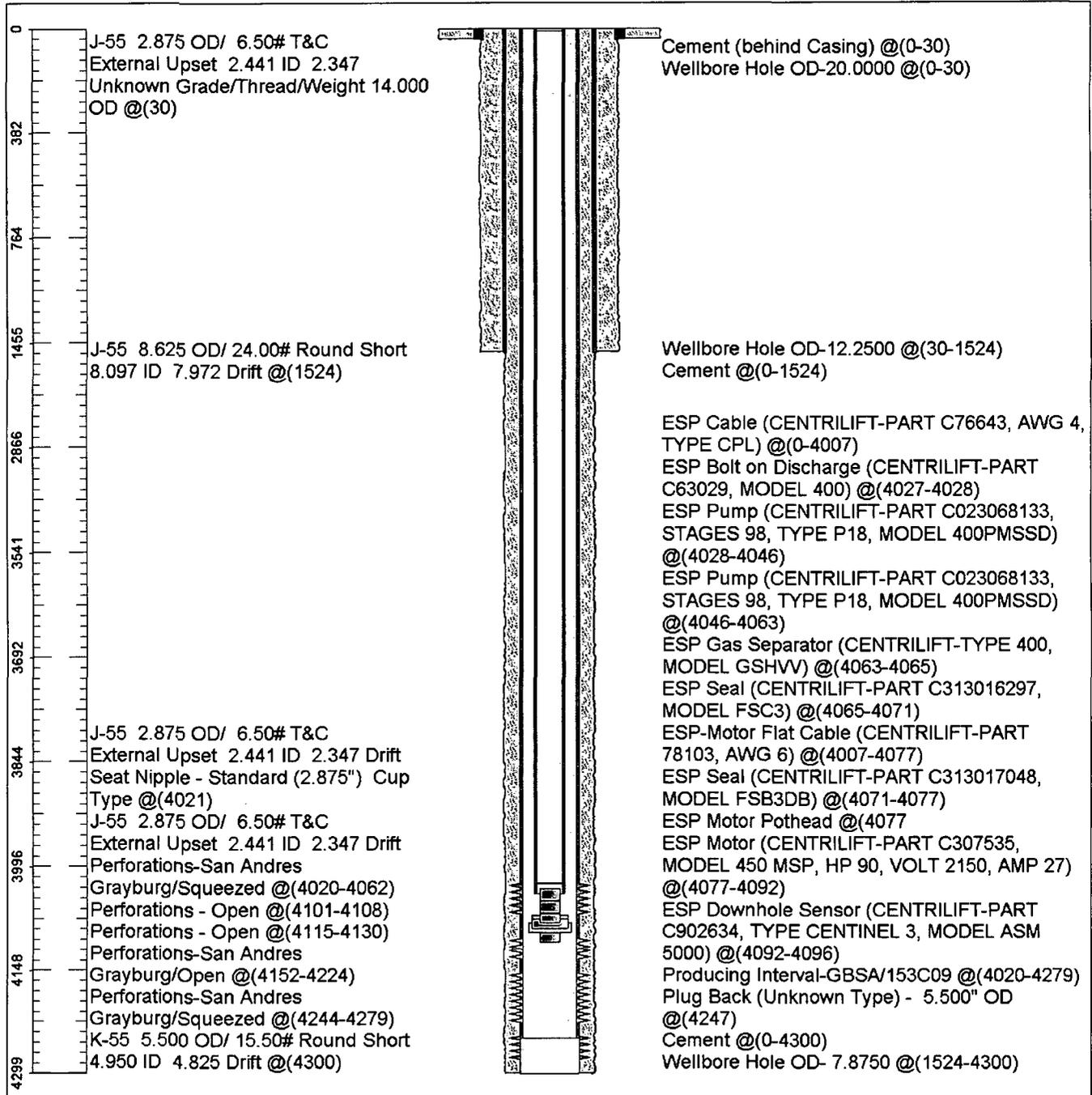
SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 02/27/2013  
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only  
 APPROVED BY [Signature] TITLE Dist MGR DATE 3-13-2013  
 CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

**MAR 14 2013**

January 28, 2013

## Work Plan Report for Well:SHOU-153C09



### Survey Viewer