

FILE IN TRIPPLICATE

**HOBBS OCD**  
**OIL CONSERVATION DIVISION**

JUL 29 2013

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

RECEIVED

**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

WELL API NO. 30-025-29197
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 30
8. Well No. 312
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 Injector

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
Unit Letter B : 530 Feet From The North Line and 1448 Feet From The East Line  
Section 30 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RTGR, etc.)  
3664.5 KB

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 <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 wire line & perforate tubing @4156'. RD wire line.
- ND wellhead/NU BOP.
- POOH and lay down tubing and injection packer.
- RIH w/bit. Tag @4357'. POOH w/bit.
- RIH w/CIBP set @4275'. RIH w/CICR set @4066'. RU HES & pump 38 bbl cement into formation. RD HES.
- RIH w/bit & drill collars. RU power swivel & stripper head. Drill on cement from 4158-4162'. Drill on CICR from 4162-4165'. Continue to drill on cement from 4165-4275'. Tested squeeze to 800 PSI. OK.
- Drill on CIBP from 4275-4278' and cement from 4278-4352' (fell thru). Drill on iron sulfide from 4357-4384'. RD power swivel & stripper head. POOH w/bit & drill collars.
- RU wire line & perforate at 4240-53', 4289-99', 4310-22', 4328-38' at 4 JSPF. RD wire line.

\*\*\*see attached sheet for additional data\*\*\*

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 07/26/2013  
 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 7-30-2013  
 CONDITIONS OF APPROVAL IF ANY:

JUL 30 2013

NHU 30-312

API 30-025-29197

10. RIH w/treating packer set @4144'. RU HES and pump 2200 gal of 15% acid in 3 settings. RD HES.
11. RIH w/Arrowset 1-X packer set on 130 jts of 2-7/8" Duoline 20 tubing. Packer set @4165'.
12. Test casing to 535 PSI for 30 minutes and chart for the NMOCD.
13. ND BOP/NU wellhead.
14. RDPU U RU. Clean location and return well to injection.

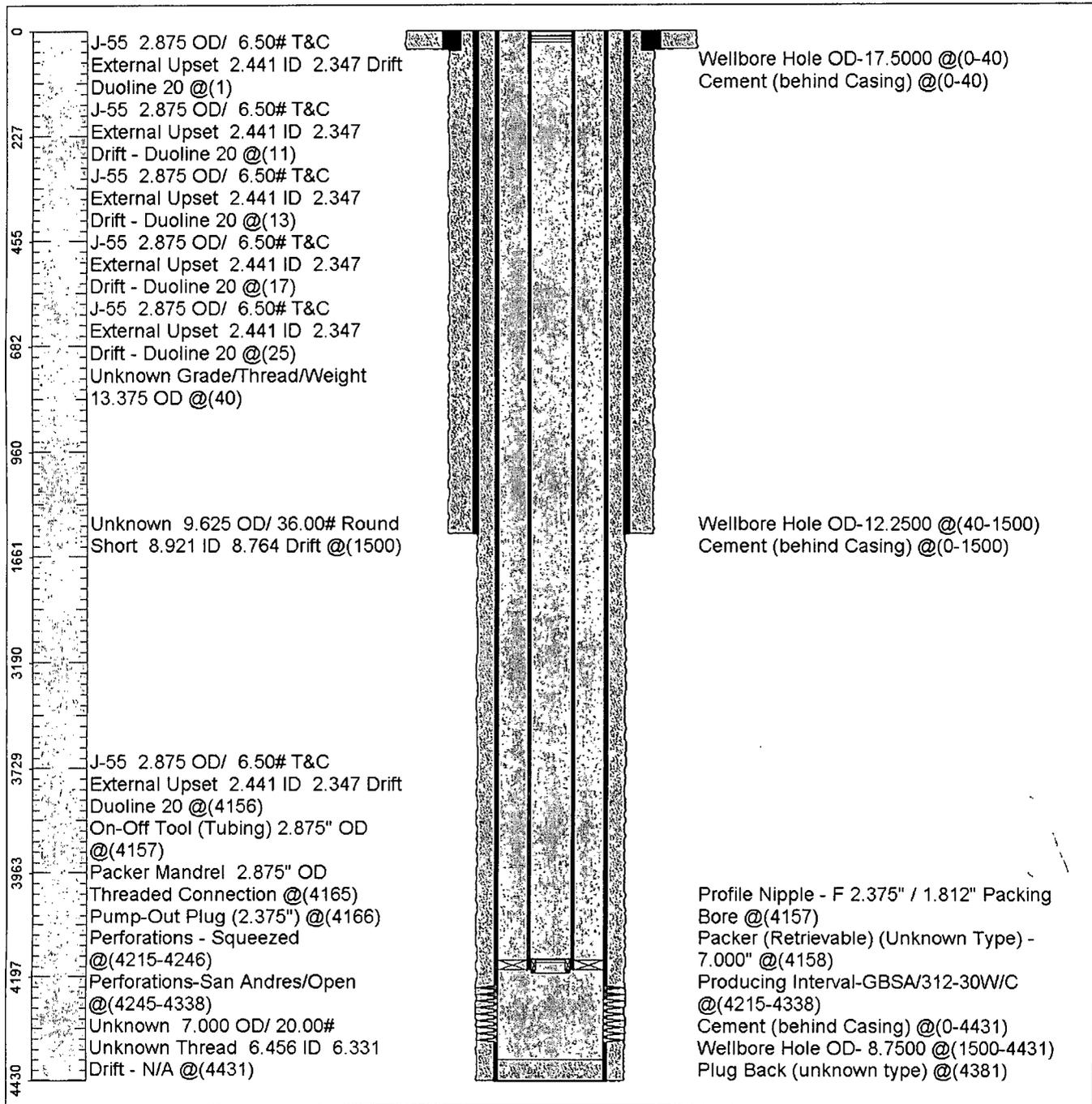
RUPU 06/06/2013

RDPU 06/28/2013



July 17, 2013

### Work Plan Report for Well:NHSAU 312-30



#### Survey Viewer