

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

HOBBS OCD
OIL CONSERVATION DIVISION

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

AUG 28 2013

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

RECEIVED

WELL API NO. 30-025-07481	
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 North Hobbs (G/SA) Unit Section 30	
8. Well No.	131
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>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3656' GL	
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>High casing repair</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. RUPU & RU.
2. ND wellhead/NU BOP.
3. POOH and lay down tubing.
4. RIH w/packer set @3922'. Tested casing. Leaked in squeezed perfs @4006-4140'. POOH w/packer.
5. RIH w/RBP set @3922'. Tested casing. Held OK. POOH w/RBP.
6. RIH w/dual packers set on 120 jts of 2-7/8" Duoline tubing. Arrowset packer set @3939'. KTC Hydraulic packer set @4138'.
7. ND BOP/NU wellhead.
8. Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
9. RDPU & RU. Clean location and return well to injection

RUPU 06/14/2013
RDPU 06/24/2013

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 08/26/2013
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

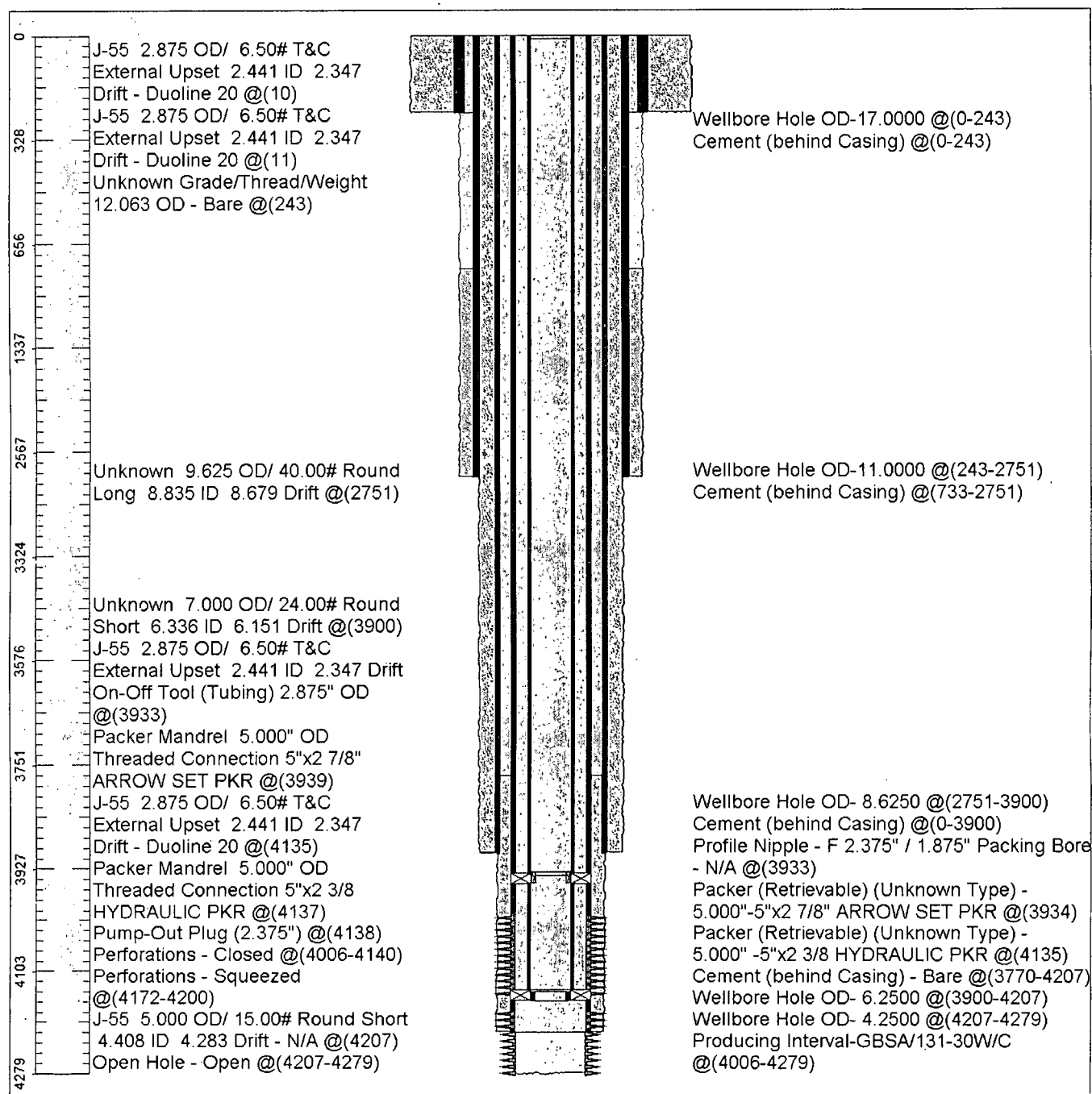
APPROVED BY [Signature] TITLE Dist. MGR DATE 8-29-2013

CONDITIONS OF APPROVAL IF ANY:

SEP 03 2013

August 26, 2013

Work Plan Report for Well:NHSAU 131-30



Survey Viewer

