

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPPLICATE

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 OIL CONSERVATION DIVISION

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

AUG 28 2013

RECEIVED

WELL API NO. 30-025-26832
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 24
8. Well No. 242
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>	
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>N</u> : <u>1300</u> Feet From The <u>South</u> Line and <u>2600</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>18-s</u> Range <u>37-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3660' GR	
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>Failed MIT 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. ND wellhead/NU BOP.
3. POOH and lay down Duoline tubing and injection packer.
4. Run back in hole w/new Arrowser 1-X Dbl grip packer set on 132 jts of 2-7/8" Duoline tubing. Packer set @4192'
5. ND BOP/NU wellhead.
6. Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
7. RDPU & RU. Clean location and return well to injection.

RUPU 07/05/2013
RDPU 07/12/2013

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 08/27/2013
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

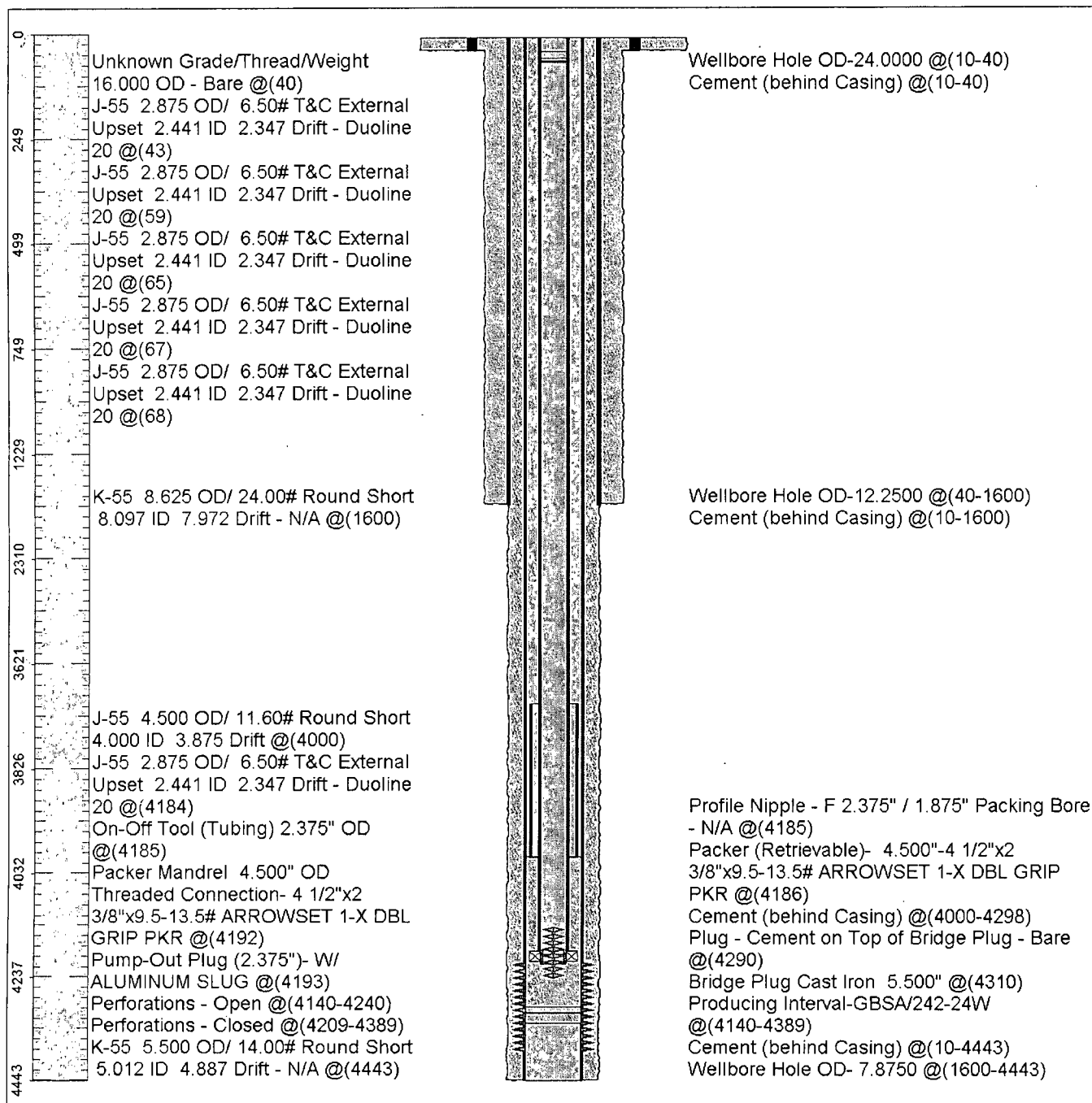
For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr DATE 8-29-2013
CONDITIONS OF APPROVAL IF ANY _____

SEP 03 2013

August 26, 2013

Work Plan Report for Well:NHSAU 242-24



Survey Viewer

