

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240

**DISTRICT II**  
1301 W. Grand Ave, Artesia, NM 88201

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

**HOBBS OCD**  
**JAN 16 2014**  
**RECEIVED**

WELL API NO. 30-025-28305
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center">(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.)</p>		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector	8. Well No. COOP 2	
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA) Wildcat; Tubb; Dir kard; Abo	
4. Well Location Unit Letter <u>D</u> : <u>645</u> Feet From The <u>North</u> Line and <u>453</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County		
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3631' KB		
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

<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 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: <u>Acid treat/Clean out</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.

- RUPU & RU.
- ND wellhead/NU BOP.
- POOH w/tubing and injection packer.
- RIH w/bit. Tagged CIBP @4260'. POOH w/bit.
- RIH w/PPI packer set @4117'. RU HES and pump 500 gal of 15% NEFE HCl acid with 500# gelled rock salt block, 1000 gal of 15% NEFE HCl acid. Flush acid with 50 bbl fresh water. RD HES. Flush well with 30 bbl fresh water down tubing. POOH w/PPI packer.
- RIH w/bit & drill collars. NU stripper head and power swivel. Cleaned out iron sulfide and formation from 4157-4165'. Drilled on CIBP from 4565-4565.30'. Fell thru to 4390'. ND stripper head and power swivel. POOH w/bit & drill collars.
- RIH w/Arrowset 1-X Dbl grip packer set on 123 jts of 2-3/8" duoline tubing. Packer set @4004' ←
- ND BOP/NU wellhead.
- Test casing to 550 PSI for 30 minutes and chart for the NMOCD.
- RDPU & RU. Clean location and return well to injection

RUPU 11/12/2013 RDPU 11/20/2013

**ORDER**  
**R-4934-F** pg 12  
# 10

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 01/14/2014

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 Mary Brown TITLE Compliance Officer DATE 1/23/2014

CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_

**JAN 23 2014**

eng ✓ R h

88 MIN

96 MIN

START

SHU COOP 2  
Unit D 5004-1198-R304  
API # 30-025-29305  
American Valve & Meter  
Serial # 12517

8 MIN

HOBBS OCD

JAN 16 2014

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16 MIN

Graphic Controls LLC  
(6.375 ARC LINE GRAD.)  
1:30-2:00 PM

SHU COOP-2

DATE 11-20-2013  
MCI P 0-1000-8-96MIN

24 MIN

72 MIN

64 MIN

56 MIN

32 MIN

48

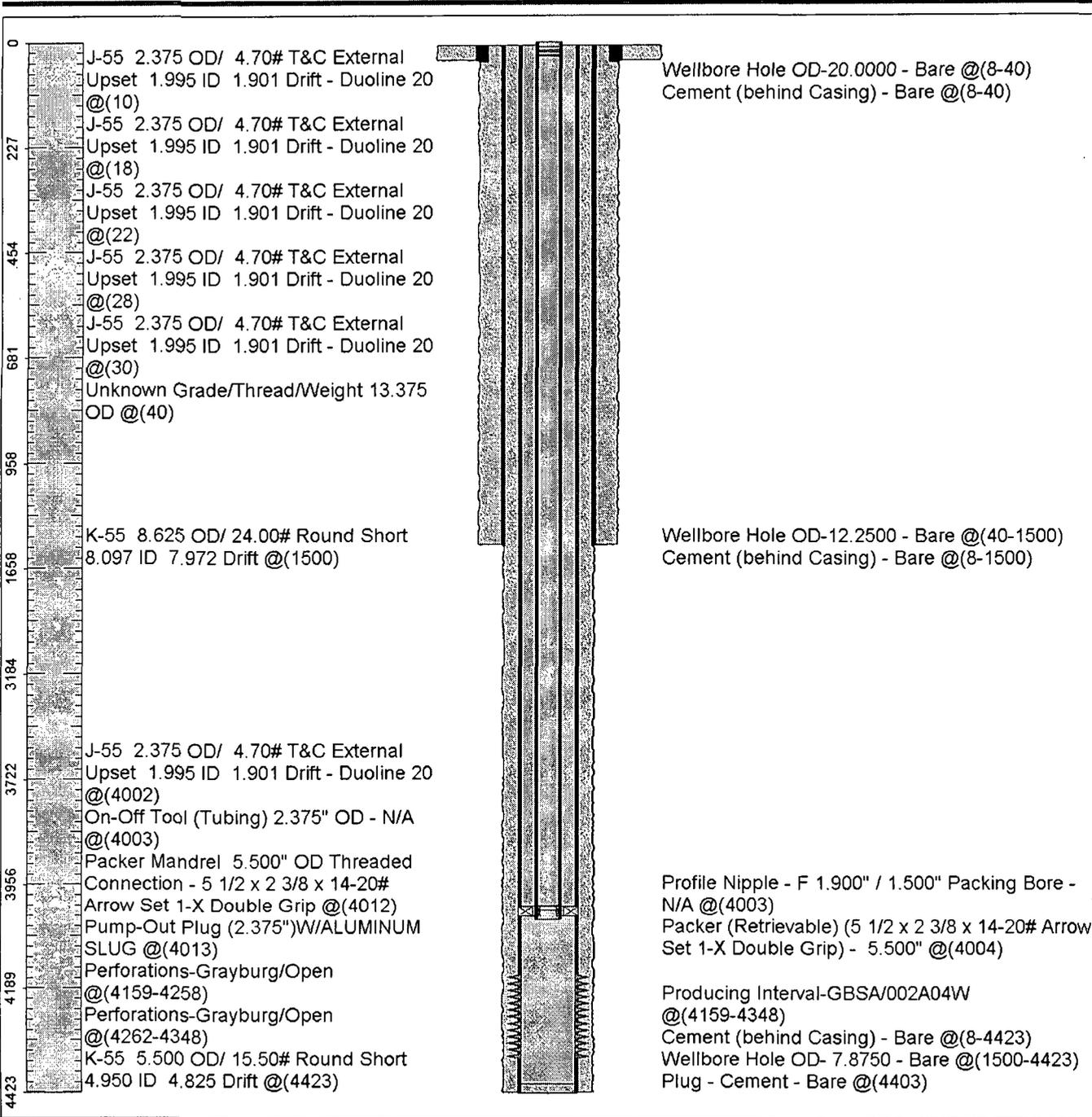
40 MIN

*Paul Johnson*

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December 26, 2013

### Work Plan Report for Well:SHUCOOP-2



### Survey Viewer