

MAY 23 2014

State of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

RECEIVED 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

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

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|---|--|
| WELL API NO. 30-025-31211 | |
| 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 South Hobbs (G/SA) Unit | |
| 8. Well No. 225 | |
| 9. OGRID No. 157984 | |
| 10. Pool name or Wildcat Hobbs (G/SA) | |

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| 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | |
| 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>M</u> : <u>647</u> Feet From The <u>South</u> Line and <u>541</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County | |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3620' 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 checked="" 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: _____ |

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. RU wire line & perforate tubing @3941'. RD wire line.
3. ND wellhead/NU BOP.
4. POOH and lay down ESP equipment. Found twisted shaft.
5. RIH w/bit. Tag @4315'. POOH w/bit.
6. RIH w/RBP set @4099' and packer set @4015'. Tested squeezed perfs from 4015' to surface. Held OK. POOH w/packer and RBP.
7. RIH w/ESP equipment set on 120 jts of 2-7/8" tubing. Intake set @3970'
8. ND BOP/NU wellhead.
9. RDPU & RU. Clean location and return well to production.

RUPU 04/23/2014
RDPU 04/30/2014

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 ☐

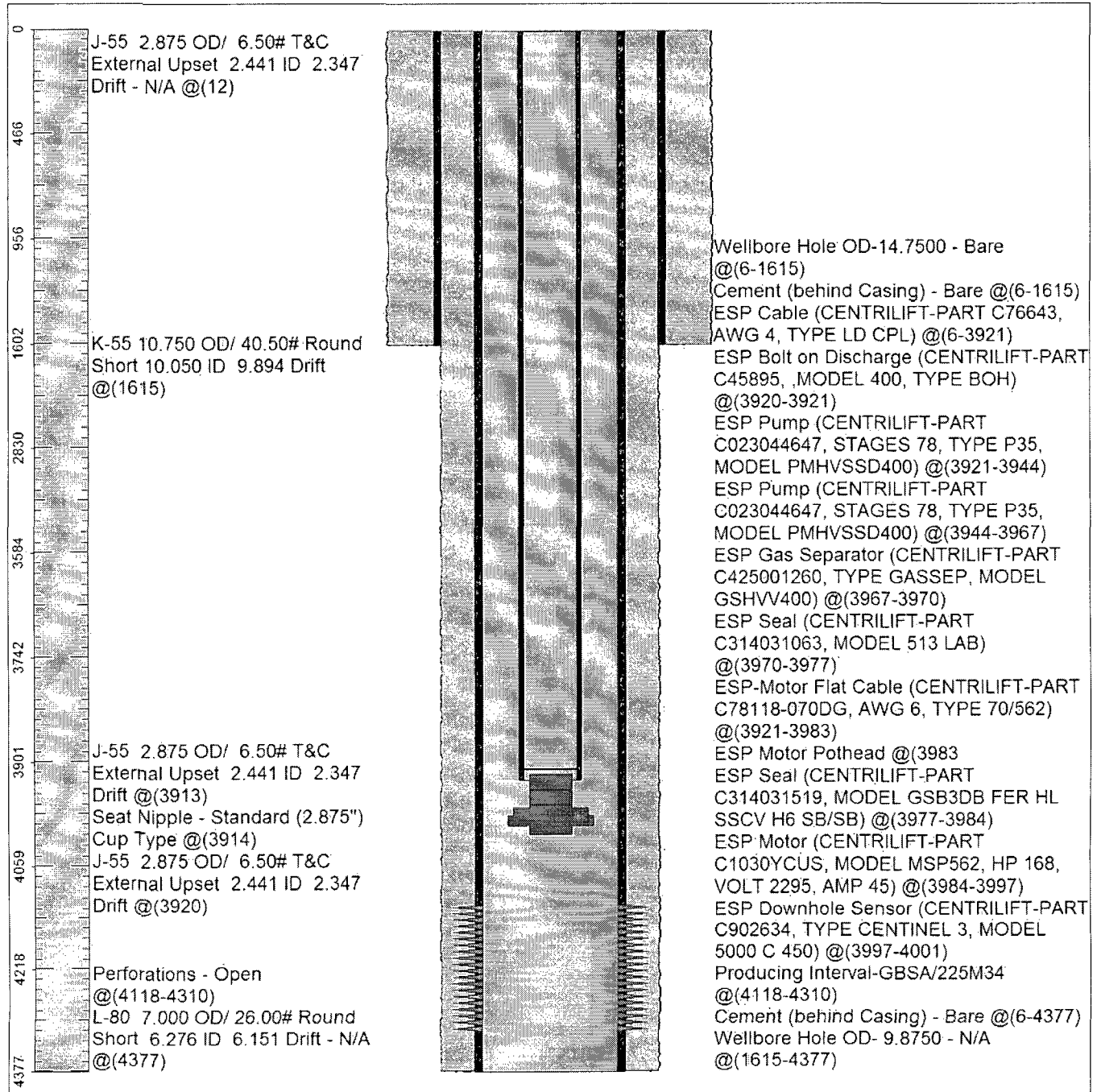
SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 05/22/2014
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only
 APPROVED BY Mark Brown TITLE Dist. Supervisor DATE 5/28/2014
 CONDITIONS OF APPROVAL IF ANY:

MAY 29 2014

May 16, 2014

Work Plan Report for Well:SHOU-225M34



Survey Viewer