

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

HOBBS OCD

JUL 30 2014

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.<br>30-025-35450                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 24                       |
| 8. Well No. 612                                                                                     |
| 9. OGRID No. 157984                                                                                 |
| 10. Pool name or Wildcat Hobbs (G/SA)                                                               |

|                                                                                                                                                                                                                                                                                                                                                  |  |
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| <p>SUNDRY NOTICES AND REPORTS ON WELLS <b>RECEIVED</b></p> <p>(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>                                                                                                                |  |
| <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>                                                                                                                                                                                                            |  |
| <p>2. Name of Operator<br/>Occidental Permian Ltd.</p>                                                                                                                                                                                                                                                                                           |  |
| <p>3. Address of Operator<br/>HCR 1 Box 90 Denver City, TX 79323</p>                                                                                                                                                                                                                                                                             |  |
| <p>4. Well Location<br/>Unit Letter <u>E</u> : <u>2220</u> Feet From The <u>North</u> Line and <u>406</u> Feet From The <u>West</u> Line<br/>Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County</p>                                                                                                                        |  |
| <p>11. Elevation (Show whether DF, RKB, RT GR, etc.)<br/>3676' KB</p>                                                                                                                                                                                                                                                                            |  |
| <p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br/>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br/>Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p> |  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</p>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |
| <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> | <p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG &amp; ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> |

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 & attempt to perforate tubing. Tagged high @2770'. RD wire line.
3. Pumped 250 gal of Xylene and 10 gal of inhibitor. Flush w/15 bbl 10# brine.
4. RU wire line & try again to perforate tubing. Tagged high again @2770'. RD wire line.
5. Pumped 500 gal of Xylene with 50 gal of 6496 chemical and 10 gal of 6495 chemical. Flush w/24 bbl 10# brine.
6. RU wire line and perforate tubing @4088'. RD wire line.
7. POOH and lay down ESP equipment. Found ESP locked w/asphaltines and hot w/norm.
8. RIH w/bit. Tagged @4400'. POOH w/bit.
9. RIH w/packer. Set @4160'. Pump 500 gal of Xylene with 50 gal of 6496 chemical and 10 gal of 6495 chemical. Flush w/25 bbl 10# brine. Pressure tested to 1000 PSI. Tested OK. POOH w/packer.
10. RIH w/ESP equipment set on 127 jts of 2-7/8" tubing. Intake set @4140'
11. ND BOP/NU wellhead. 12. RDPU & RU. Clean location and return well to production. RUPU 06/25/2014 RDPU 06/30/2014

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 07/29/2014  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxv.com TELEPHONE NO. 806-592-6280

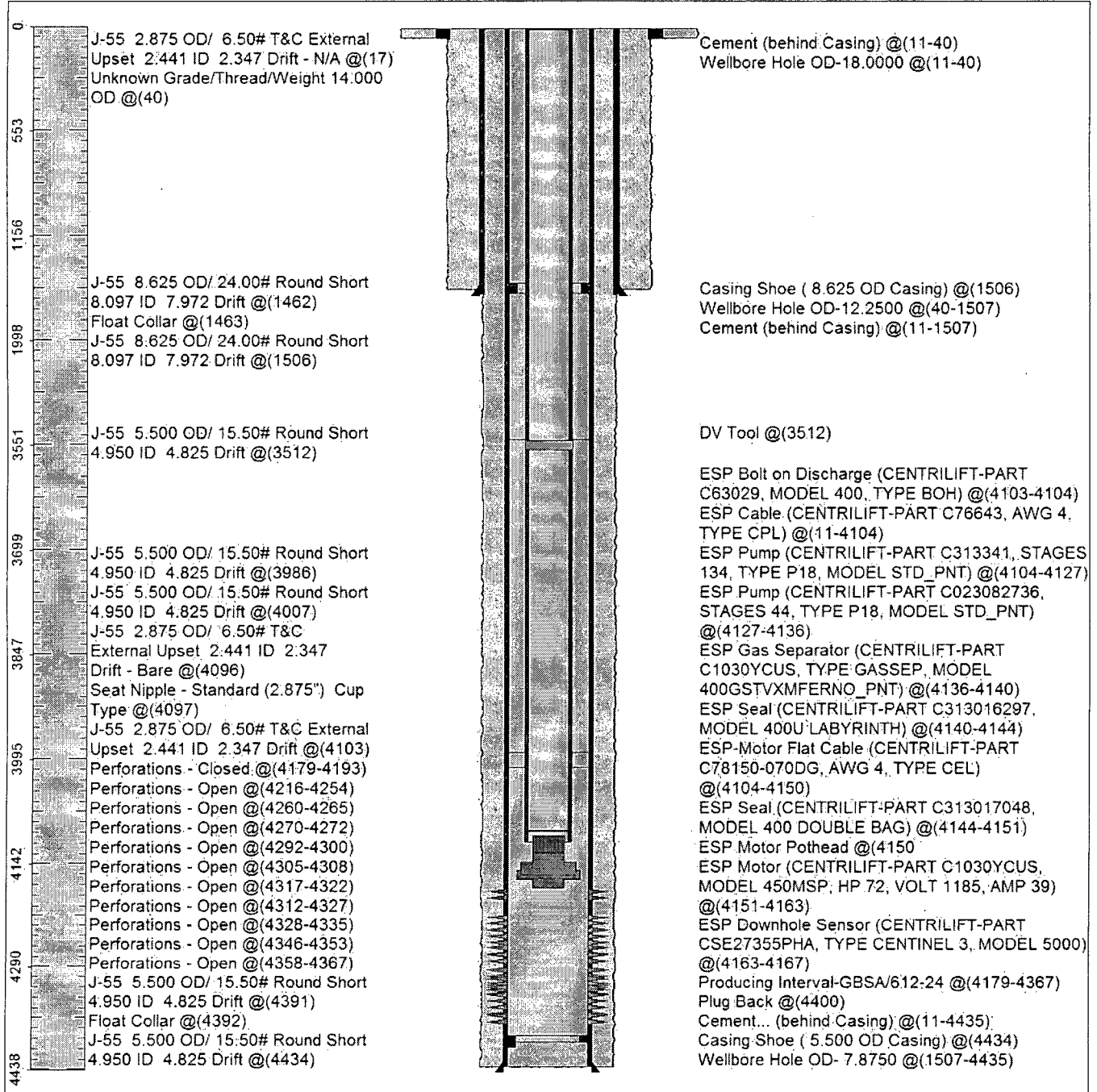
For State Use Only  
APPROVED BY Mary S Brown TITLE Dist Supervisor DATE 7/30/2014  
CONDITIONS OF APPROVAL IF ANY:

JUL 30 2014

*[Handwritten initials]*

July 28, 2014

## Work Plan Report for Well:NHSAU 612-24



Survey Viewer