

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-39955	
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.	248
9. OGRID No.	157984
10. Pool name or Wildcat	Hobbs (G/SA)

<p>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.)</p>	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	HOBBS OCD
2. Name of Operator Occidental Permian Ltd.	JUL 29 2014
3. Address of Operator HCR I Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>D</u> : <u>125</u> Feet From The <u>North</u> Line and <u>455</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
RECEIVED	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3601.7' GR	
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: _____ <input 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.
- RU wire line & perforate tubing @3905'. RD wire line.
- ND wellhead/NU BOP.
- POOH w/ESP equipment. Cable & tubing stuck. RU Petroplex acidizing and pump 500 gal of 15% acid and flushed with 33 bbl down casing. RD Petroplex. Cable was parted. Continued POOH w/ESP equipment and laying down.
- RIH w/drill collars. Tagged @5035'. RU power swivel & stripper head. Cleaned out well bore from 5035-5055'. Circulate clean. RD power swivel & stripper head. RIH w/bit. Tagged @5023'. RU power swivel and stripper head. Clean out iron sulfide from 5023-5200'. Circulate clean. RD power swivel & stripper head.
- Pump scale squeeze w/60 gal of 6490 EC mixed with 100 bbl fresh water. Flush w/200 bbl fresh water.
- POOH w/bit. Tubing plugged. RU wire line & perforate tubing @2620'. POOH w/bit and drill collars.
- RIH w/ESP equipment set on 120 jts of 2-7/8" tubing. Intake set @4003'.
- ND BOP/NU wellhead. 10. RDPU & RU. Clean location and return well to production. RUPU 5/28/2014 RDPU 6/9/2014

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

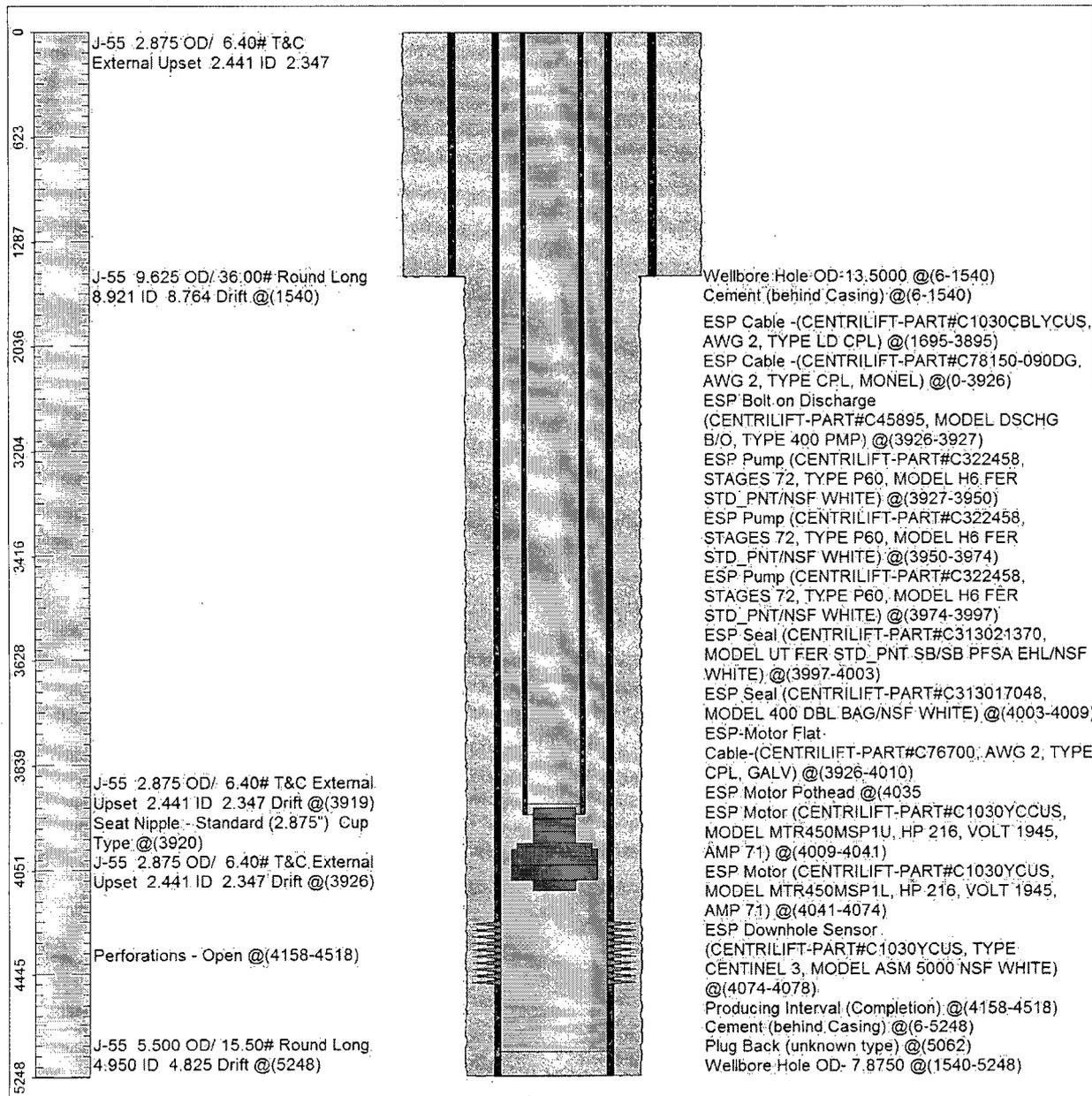
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 07/28/2014
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

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

JUL 30 2014 

July 17, 2014

Work Plan Report for Well:SHOU-248



Survey Viewer