

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. 30-025-05484
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
8. Well No. 131
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  Injector

2. Name of Operator  
Occidental Permian Ltd.

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
Unit Letter L : 2310 Feet From The South Line and 1315 Feet From The West Line  
Section 24 Township 18-S Range 37-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3671' 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Failed MIT test repair</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.
- RU wire line & set blanking plug @4106'. RD wire line.
- ND wellhead/NU BOP.
- Pressure test tubing. Lost pressure. POOH and lay down tubing.
- Pressure test packers. Lost pressure. POOH and lay down packers.
- RU wire line & fish blanking plug. RD wire line.
- Hydrotested tubing. Found 6 joints with bad liners. Replaced those 6 joints.
- RIH w/ dual injection packers set on 125 jts of Duoline 20 tubing. Arrowset 1-X Dbl grip packer set @4103'. KTC Hydraulic Tandem packer (re-dressed) set @4139'.
- ND BOP/NU wellhead.
- Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
- RDPU & RU. Clean location and return well to injection.

RUPU 06/16/2014 RDPU 06/23/2014

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@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

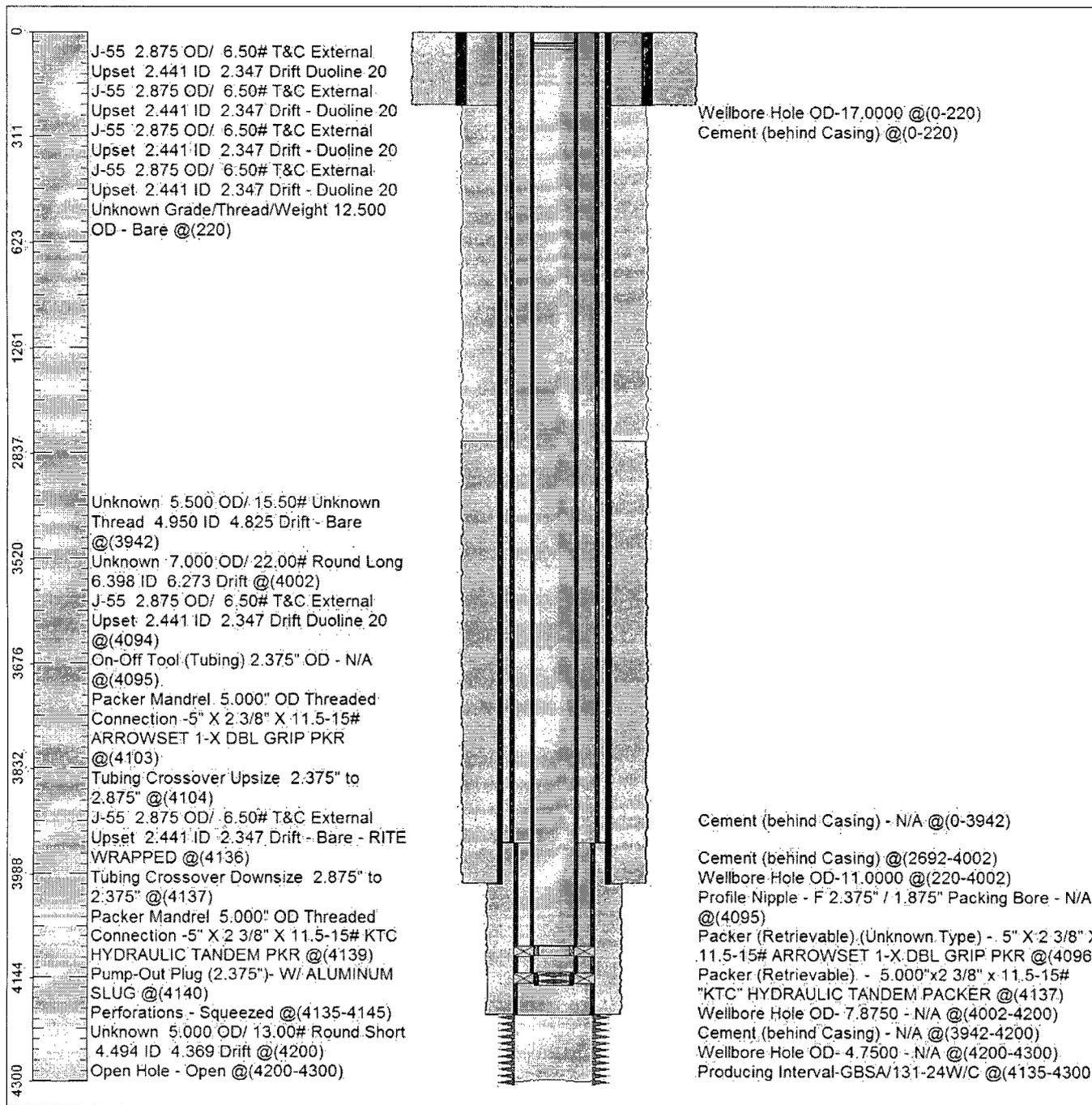
APPROVED BY Mary Brown TITLE Dist. Supervisor DATE 7/30/2014

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

AUG 04 2014

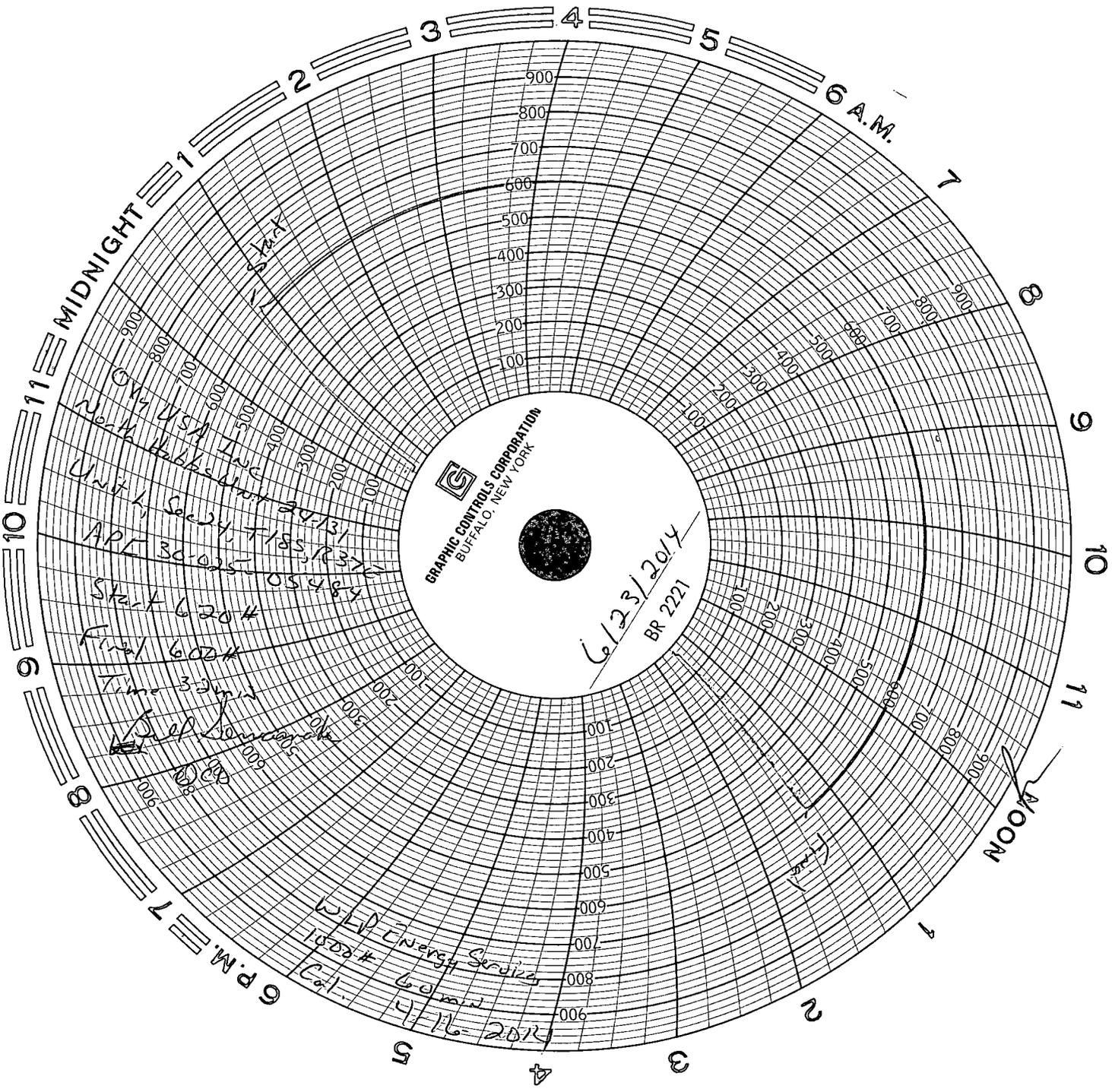
July 28, 2014

### Work Plan Report for Well:NHSAU 131-24



Survey Viewer

*h*



  
 GRAPHIC CONTROLS CORPORATION  
 BUFFALO, NEW YORK

6/23/2014  
 BR 2221

Unit 1, Sec 4, T18S, R37E  
 APN 30005 05484  
 Start 6204  
 Final 6004  
 Time 33min

Del. Source  
 1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000

WLD Energy Services  
 1020 #  
 Cal. Comm  
 4-16-2014

MOON

