

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.
30-025-37101

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit
Section 24

1. Type of Well:
Oil Well Gas Well Other Injector

HOBBS OCD

8. Well No. 637

2. Name of Operator
Occidental Permian Ltd.

JUL 29 2014

9. OGRID No. 157984

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

10. Pool name or Wildcat Hobbs (G/SA)

4. Well Location
Unit Letter B : 1268 Feet From The North Line and 1455 Feet From The East Line
Section 24 Township 18-S Range 37-E NMPM Lea County

RECEIVED

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3671' DF

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"/>	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>High casing pressure 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 @4098'. RD wire line.
- ND wellhead/NU BOP.
- Test casing and tubing. Both leaked. Found small leak in duoline tubing. Tested packers and found mandrel and seals leaking.
- RU wire line and fish blanking plug. RD wire line.
- Hydrotest tubing back into hole changing out all seals. Set packers on 126 jts of 2-7/8" Duoline 20 tubing. Arrowset 1-X Dbl Grip packer set @4108'. KTC Hydraulic Tandem packer set @4173'.
- Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
- ND BOP/NU wellhead.
- RDPU & RU. Clean location and return well to injection.

RUPU 06/09/2014
RDPU 06/16/2014

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

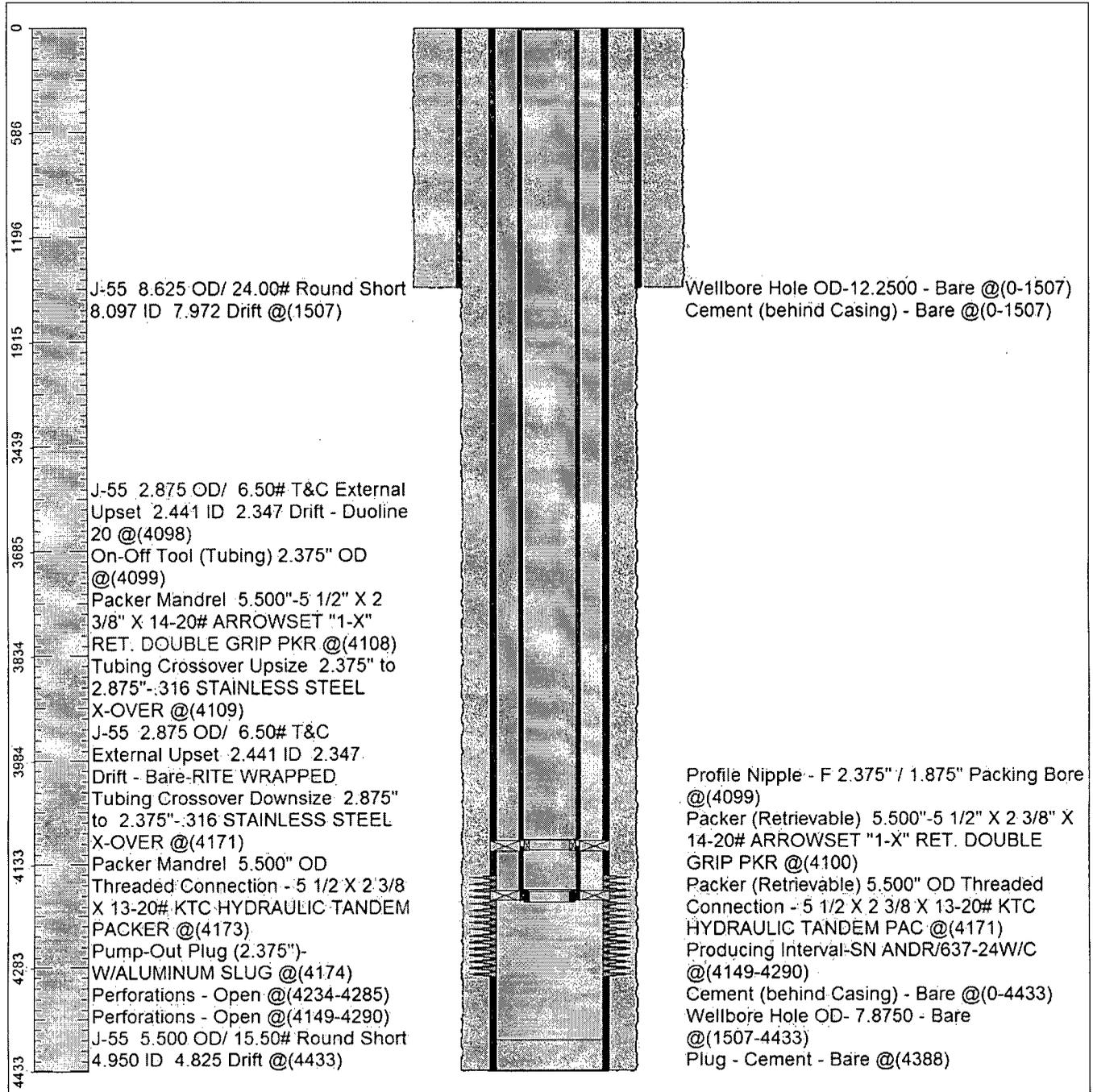
For State Use Only
APPROVED BY Malcolm Brown TITLE Dist. Supervisor DATE 7/30/2014

CONDITIONS OF APPROVAL IF ANY:

AUG 04 2014
[Signature]

July 17, 2014

Work Plan Report for Well:NHSAU 637-24



Survey Viewer

