

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. 30-025-35384
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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>		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 29
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	8. Well No. 634	
2. Name of Operator Occidental Permian Ltd.	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 <u>O</u> : <u>753</u> Feet From The <u>South</u> Line and <u>2067</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County		
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3657' KB		
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 _____		

HOBBS OGD
SEP 08 2014
RECEIVED

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 @4008'. RD wire line.
- ND wellhead/NU BOP.
- POOH and lay down ESP equipment.
- RIH w/bit. Tag PBTD @4286'. POOH w/bit.
- RIH w/straddle packer set @3988'. RU Warrior Energy and pump 4000 gal of 15% PAD acid in 5 stages. Flush casing w/50 bbl. RD Warrior Energy. RU pump truck and pump scale squeeze w/100 gal 6490 chemical mixed in 100 bbl of fresh water. Flush w/200 bbl. RD pump truck. POOH w/straddle packer.
- RIH w/new ESP equipment set on 129 jts of 2-7/8" tubing. Intake set @4051'.
- ND BOP/NU wellhead.
- RDPU & RU. Clean location and return well to production.

RUPU 07/07/2014 RDPU 07/10/2014

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 09/05/2014

TYPE OR PRINT NAME Mendy Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

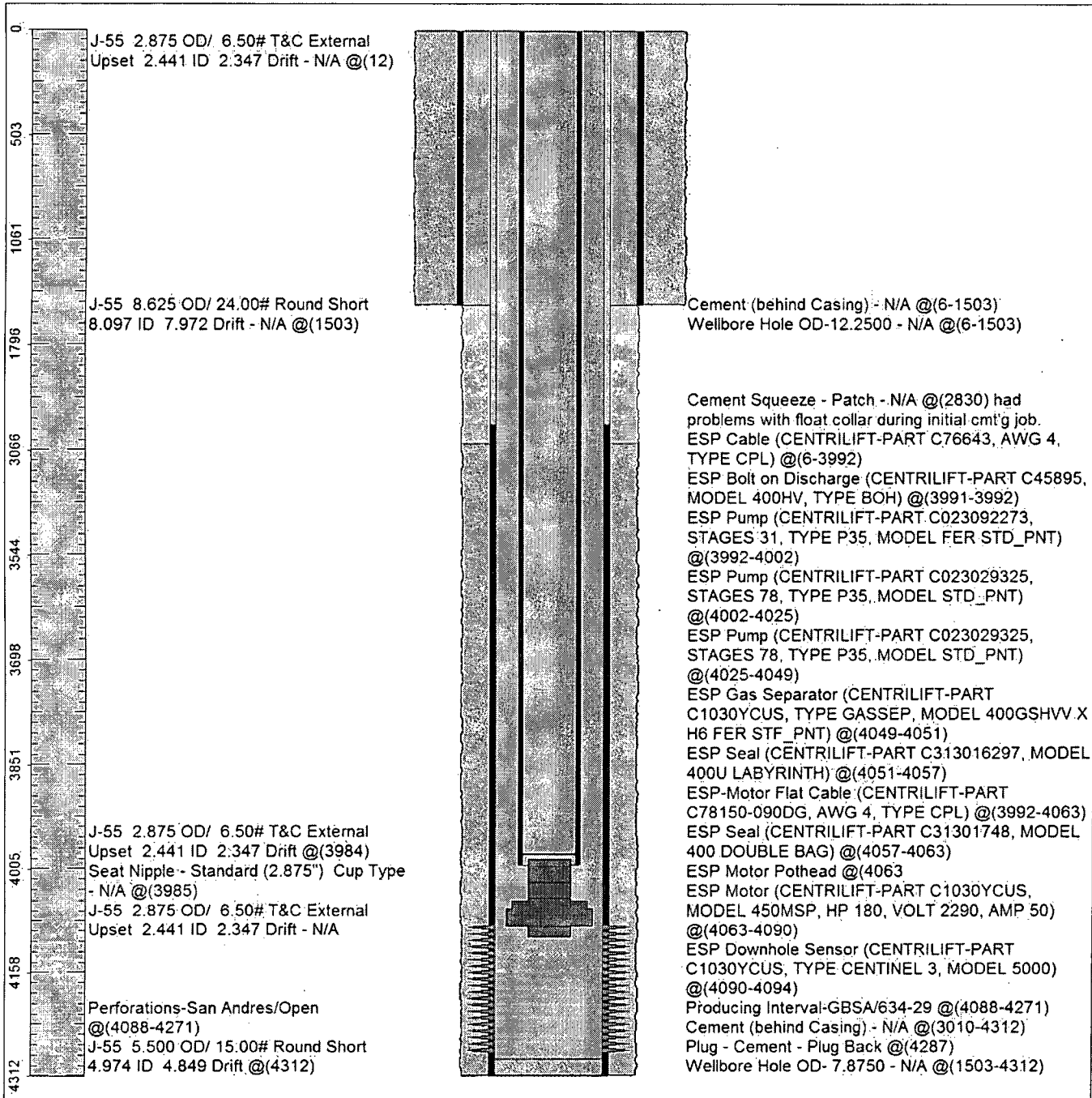
APPROVED BY Mary Brown TITLE Dist. Supervisor DATE 9/9/2014

CONDITIONS OF APPROVAL IF ANY: _____

SEP 09 2014

September 4, 2014

Work Plan Report for Well:NHSAU 634-29



Survey Viewer