

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-28266
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
8. Well Number 342
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3626' GL

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	
2. Name of Operator Occidental Permian LTD	
3. Address of Operator PO Box 4294 Houston, TX 77210	
4. Well Location Unit Letter <u>O</u> : <u>475</u> feet from the <u>S</u> line and <u>1437</u> feet from the <u>E</u> line Section <u>32</u> Township <u>18S</u> Range <u>38E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3626' GL	

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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/12/19: MIRU x NDWH x NUBOP. Pressure tested tbg x lost 20 psi in 15 min. Circ well w/ 100 bbls BW.

Pressure tested csg to 700 psi x held. Pressure tested tbg to 2200 x leaked 20 psi.

POOH 125 jts 2 7/8" tbg x 51/2" pkr x inj equipment.

12/13/19: Rih new 5 1/2" as1-x pkr @ 4045' x 126 jts 2 7/8" tbg @ 4036'. Circ well w/ 100 bbls packer fluid.

Pressure tested csg to 600 psi x held. Pressure tested tubing to 1000 psi x held.

12/16/19: Ran MIT - chart attached. 9/17/19: RD x NDBOP x NUWH.

HOBBS OCD
FEB 03 2020
RECEIVED

Spud Date:

12/12/2019

Rig Release Date:

12/16/2019

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

April Santos

TITLE

Regulatory Specialist

DATE

01/16/2020

Type or print name

April Santos

E-mail address:

April_Hood@Oxy.com

PHONE:

713-366-5771

For State Use Only

APPROVED BY:

Kenny Foster

TITLE

CO

A

DATE

4-13-20

Conditions of Approval (if any):