

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I

1625 N French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED
AUG 31 2009
HOBBSOCD

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-05467
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 No. 431
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> WIW	7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
2. Name of Operator Occidental Permian Ltd.	8. Well No. 431
3. Address of Operator 1017 W. Stanolind Rd., Hobbs, NM 88240	9. OGRID No. 157984
4. Well Location Unit Letter <u>I</u> <u>2310</u> Feet From The <u>South</u> <u>330</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.)	
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 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: _____		OTHER: <u>Test Failure</u>	

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.

1. RU PU AND REV U
2. KILL TBG
3. TEST CSG TO 540 PSI, LOST 10 PSI IN 30 MIN, RETEST TO 2000PSI, TESTED GOOD
4. POOH WITH 2 7/8 DUOLINE TBG
5. CHANGE RAMS IN BOP, PICK UP 4 /12 ARROWSET PKR AND 60-2 3/8 JTS WORKSTRING
6. SET PKR @ 3909'
7. TEST CSG TO 560 PSI, LOST 45 PSI
8. TEST INJ PKR TO 880 PSI, LOST 20 PSI IN 45 MIN
9. POOH W/ 4 1/2 PKR, RIH W/ 5 1/2 PKR, SET @ 3825'
10. TEST CSG TO 540 PSI, LOST 5, TEST PKR TO 540 PSI, LOST 10
11. CHANGE RAMS IN BOP TO 2 7/8"

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 Rebecca L. Larmon TITLE Administrative Associate DATE 08/09/09
TYPE OR PRINT NAME Rebecca L. Larmon E-mail address: rebecca.larmon@oxy.com TELEPHONE NO. 575-397-8247

For State Use Only

APPROVED BY Emily W. Sill TITLE DISTRICT 1 SUPERVISOR DATE SEP 01 2009
CONDITIONS OF APPROVAL IF ANY:

12. RIH W/ S.S. ON/OFF TOOL, 30 JOINTS 2 7/8" DUOLINE TBG
13. RESUME IN HOLE W/ ON/OFF TOOL 134 JOINTS 2 7/8 DUOLINE TBG. Space out w/ 24' subs
14. LATCH ONTO PKR, TEST TO 1750 PSI, TESTED GOOD ~~AT 4200'~~ **AT 4200', Test to 1750', Test good.**
15. TEST ON CSG @ 640 PSI, TESTED GOOD, ROBERT HARRISON W/ NMOCD WITNESSED TEST
16. RD UP AND REV U

RU PU: 06/03/09

RD PU: 06/09/09

*Final ADP
MR
Robert
with
oxy*

