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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

AUG 05 2010 OIL CONSERVATION DIVISION

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

HOBBSOCD

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

WELL API NO. 30-025-28885	
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 29	
8. Well No	442
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"/> 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 <u>P</u> <u>1230</u> Feet From The <u>South</u> <u>220</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County <u></u>	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3643' GL	
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Squeeze perfs/Acid treat</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.

1. RUPU & RU.
2. NU BOP/ND wellhead.
3. POOH w/tubing and injection equipment.
4. RIH w/bit & drill collars. Tag @4139'. POOH w/bit & drill collars.
5. RIH w/CIBP set @4108'. Dump 5 sacks of sand down tubing to plug back. RIH w/tubing to tag sand.
6. RIH w/CICR set @3965'. RU HES & pump 130 sks of 50/50 POZ cement into formation. RD HES.
7. RIH w/bit & drill collars. Tag cement @3961'. NU stripper head and drill out CICR & cement from 3965-4108'. Circ clean. Test squeeze OK
8. Drill CIBP @4108 & hard cement to 4230'. Fell out of cement to 4250'. Circ clean. ND stripper head & POOH w/bit & drill collars.
9. RU wireline to re-shot perfs due to cement coming around CIBP. Perforate from 4076-4237' 2 JSPF, 172 holes. RD wireline.
10. RU HES & spot 5 bbl of acid across perfs to break down. Flush w/22 bbl of 10# brine. RD HES.

see additional data on attached sheet

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 8/4/2010
 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 [Signature] TITLE STAFF MGR DATE 8-9-10

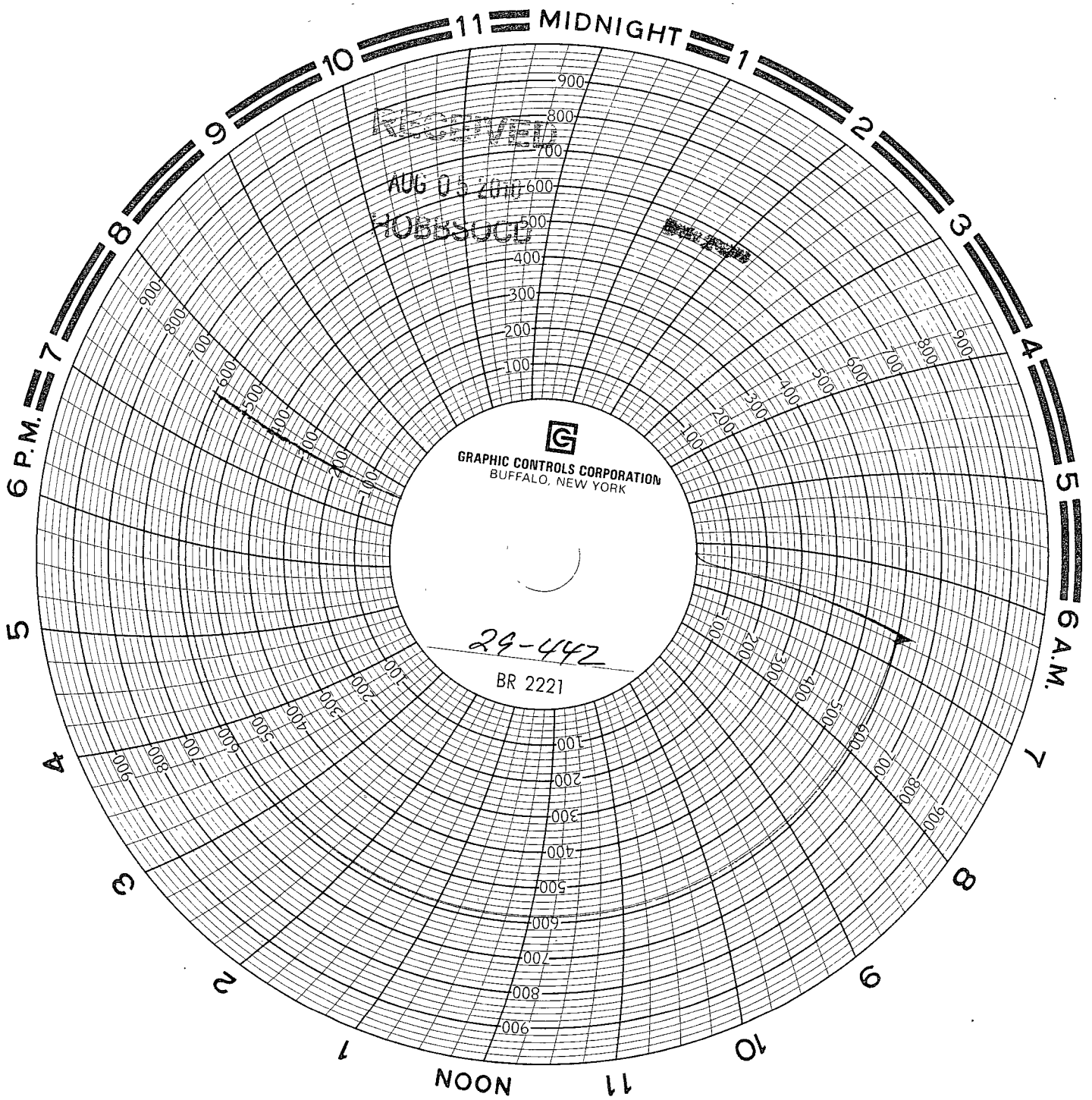
CONDITIONS OF APPROVAL IF ANY:

7-M

11. RIH w/treating packer set @4070'. RU HES & pump 2100 gal of 15 % HCL acid & 1000 lb of rock salt block in two stages. RD HES. POOH w/treating packer.
12. RIH w/dual injection packers set on 118 jst of 3-1/2" Duoline 20 tubing. Arrowset 1-S Dbl grip packer set @3936'. KTC Hydraulic Tandem packer set @4056'.
13. ND BOP/NU wellhead.
14. Test casing to 580 PSI for 30 minutes and chart for the NMOCD.
15. RDPU & RU. Clean location & return well to injection.

RUPU 06/03/2010

RDPU 06/24/2010



6-24-10

NHSAU 29-442

CLIFF MOCK

CALIB DATE 5/25/10

S.N. MFG 3219

DATE 0-1000

60 min

NHU 29-442

API# 30-025-28885

1230' FSL + 220' FEL

SEC 29, T-18-S, R-38-E, UL'P'

LEA COUNTY HOBBS

John Sutton

B Sutton