

# RECEIVED

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

JAN 20 2011  
HOBSOCD

**OIL CONSERVATION DIVISION**

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-37480	
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 25	
8. Well No.	741
9. OGRID No.	157984
10. Pool name or Wildcat	Hobbs (G/SA)

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></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>	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>	
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>A</u> : <u>360</u> Feet From The <u>North</u> <u>1294</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3677' 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			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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>Squeeze perf/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.

- RUPU & RU.
- RU wireline & set blanking plug.
- ND wellhead/NU BOP.
- POOH w/injection equipment and tubing.
- Isolate casing leak. RIH w/CIBP set @4220' and CICR @4113'. RU HES & pump 47 bbl of cement thru CICR. Sting out of CICR, reverse out to pit. RD HES.
- RIH w/bit & drill collars. Tag @4100'. RU powerswivel & stripperhead. Drill cement from 4100-4113' & CICR from 4113-4115'. Drill on cement from 4115-4220' and CIBP from 4220-4221'. Circ clean. RD powerswivel & stripperhead. POOH w/bit & drill collars.
- Set packer and pump 1500 gal of 15% NEFE acid in 3 stages. POOH w/packer.
- RIH w/dual injection packers set on 130 jts of 2-7/8" Duoline 20 tubing. Arrowset 1-X dbl grip set @4117' & Hydraulic Tandem Pkr set @4215'.

\*\*\*see attached sheet for additional data\*\*\*

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 01/18/2011  
 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 State Rep DATE 1-20-2011

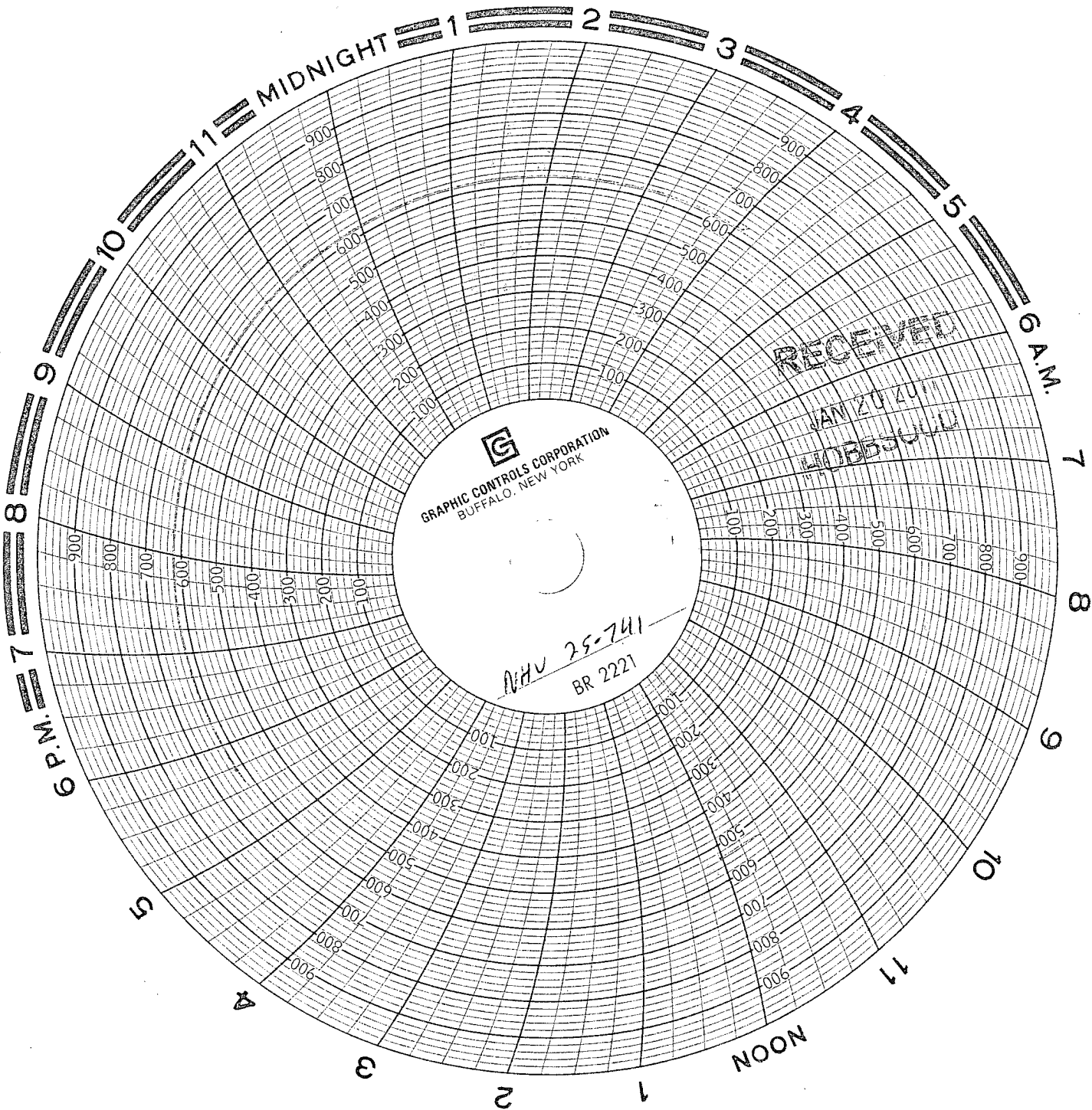
CONDITIONS OF APPROVAL IF ANY:

NHU 25-741

9. ND BOP/NU wellhead.
10. Test casing to 625 PSI for 30 minutes and chart for the NMOCD.
11. RDPU & RU. Clean location and return well to injection.

RUPU 11/01/2010

RDPU 11/13/2010



Well # NHU 25-741  
Tbg Pressure 0.81

CRAB 10/28/10  
S.N. 12517  
0-1000 PSE

NHU GSA 25 741  
UNIT A SEC. 25, T18S, R37E  
APF # 30-025-37480  
LER COUNTY NEW MEXICO

