

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPPLICATE

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

**HOBBS OCD OIL CONSERVATION DIVISION**

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

SEP 26 2013

RECEIVED

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.)		WELL API NO. 30-025-35742
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
4. Well Location Unit Letter <u>E</u> : <u>2246</u> Feet From The <u>North</u> Line and <u>597</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County		8. Well No. <u>244</u>
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3635' GR		9. OGRID No. <u>157984</u>
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 _____		10. Pool name or Wildcat <u>Hobbs (G/SA)</u>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: TA status extension request <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Run MI test to gain extension on temporary abandoned status.

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 09/24/2013  
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 Mark Whitaker TITLE Compliance Officer DATE 09-27-2013

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE  
24 HOURS prior to running the TA Pressure Test.

SEP 30 2013