

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-07579
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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. 19552
3. Address of Operator P.O. Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA)
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>34</u> Township <u>18S</u> Range <u>38E</u> NMPM County <u>Lea</u>		8. Well Number <u>211</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3653' KB		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs (G/SA)

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING <SWD <u>INJECTION</u> > CONVERSION <u>MB</u> RETURN TO <u>TA</u> CSNG <u>ENVIRO</u> CHG LOC <u>CHG LOC</u> INT TO PA <u>P&amp;A NR</u> P&A R <u>P&amp;A R</u> OTHER:	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: TEMPORARILY ABANDON <input checked="" type="checkbox"/>
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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.

This Approval of Temporary  
Abandonment Expires 7/28/2018

MIRU x NDWH x NUBOP. POOH 129 jts tbg x ESP. RIH 5" CIBP @ 4075' w/ 35' cmt.  
RD x NDBOP x NUWH.

Ran MIT x passed. Chart attached. \*\*\* WELL IS CURRENTLY TA'D \*\*\*

Spud Date:

07/25/16

Rig Release Date:

07/27/16

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

SIGNATURE

TITLE Regulatory Coordinator

DATE 09/13/2016

Type or print name April Hood

E-mail address: April\_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

TITLE

Dist Supervisor

DATE

9/15/2016

Conditions of Approval (if any):



