Submit 3 Copies To Appropriate District       State of New Mexico         Office       District II         1625 N. French Dr., Hobbs, NM 87240       District III         1301 W. Grand Ave., Artesia, NM 88210       OIL CONSERVATION DIVISION         1220 South St. Francis Dr.       Santa Fe, NM 87505         1220 S. St. Francis Dr., Santa Fe, NM       SubDRY NOTICES AND REPORTS ON WELLS         200 NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A         NIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH         ROPOSALS.)       HOBBS OCD         1. Type of Well:       Other         Oil Well X Gas Well       Other         Name of Operator       MAR 1 8 2015			Form C-103 June 19, 2008 WELL API NO. <u>30-025-37349</u> 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name: State "A" 8. Well Number <u>11-Y</u> 9. OGRID Number <u>192463</u>		
<ul> <li>Address of Operator</li> <li>P.O. Box 4294. Houston. TX 77</li> </ul>	7210-4294	RECEMED	10. Pool name or Wildcat Hobbs: Wolfcamp		
. Well Location Unit Letter J : 1484 Section 29	feet from the Sour Township 18-S Elevation (Show whether 1	Range <u>38</u> -E	1526 feet from the	East line	
12. Check Approx	priate Box to Indicate N		Report or Other Data		<u>1</u>
RETURN TOTA CSNGCH INT TO PAP&A NR THER:	INJECTION> BDMSCA IG LOC P&A R	REMEDIAL WORK COMMENCE DRILL CASING/CEMENT J OTHER: Request	ING OPNS.  P AN OB Extension of TxA State	ERING CASING [ ND A [	
<ol> <li>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.</li> </ol>					
The subject well was only completed in the deepest Wolfcamp interval, and uphole potential exists in the Abo/Drinkard/Blinebry. The well needs new production facilities, and if funds become available for such, recompletion procedures could commence within the next 24 months.					
C.O.A		Λ	This Approval Abandonmen	of Temporar t Expires_3	12/2017
pud Date:	Rig Relea	se Date:			
nereby certify that the information above	is true and complete to the	best of my knowledg	ge and belief.		-
GNATURE Mark Stephens			m <u>pliance_Analyst_</u> DATE tephens@oxy.comPHON	2 <u>3/16/15</u> IE <u>(713) 366-51</u>	-
PPROVED BY <u>Aley Hown</u> TITLE Dist Superingebare 3/23/2015 Inditions of Approval (if any): MAP. 26 2015					
			MAR 2	6 2015	h m

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