State of New Mexico Energy, Minerals and Natural Resources Department

FILE IN TRIPLICATE DISTRICT I DIS		
1625 N. French Dr., Hobbs, NM 88240 Santa Fe, NM 87505 30-025-27214		
DISTRICT II FEB 0 6 2014 5. Indicate Type of Lease		
1301 W. Grand Ave, Artesia, NM 88210 STATE FEE	X	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 RECEIVED 6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name		
(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.) Section 20		
1. Type of Well: 8. Well No. 233 Oil Well Gas Well Other Temporarily Abandoned		
2. Name of Operator 9. OGRID No. 157984		
Occidental Permian Ltd. 3 Address of Operator 10. Pool name or Wildcat Hobbs	(0)(0,1)	
3. Address of Operator 10. Pool name or Wildcat Hobbs HCR 1 Box 90 Denver City, TX 79323 10. Pool name or Wildcat	(G/SA)	
4. Weil Location	1	
Unit Letter K : 1610 Feet From The South Line and 1850 Feet From The West Line		
Section 20 Township 18-S Range 38-E NMPM Lea	County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3648' GR		
Pit or Below-grade Tank Application or Closure		
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: SUBSEQUENT REPORT OF:		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG & ABANDONMENT		
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB		
OTHER: TA status extension request YEAR X OTHER:		

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 knowle constructed or	dge and belief. I further certify that any pit or below-grade tank has been/will be
closed according to NMOCD guidelines , a general permit	or an (attached) alternative OCD-approved
Mund with Ash and	j plan
SIGNATURE I CONCELLED AD ADVAD	TITLE Administrative Associate DATE 02/05/2014
TYPE OR PRINT NAME Mendy A. Johnson E-mail address:	mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280
APPROVED BY	TITLE Compliance Office DATE 2/7/2014
CONDITIONS OF APPROVAL IF ANY	
	FEB 1 0 2014

Form C-103