State of New Mexico Form C-103 Energy, Minerals and Natural Resources Department HOBBS OCD Revised 5-27-2004 FILE IN TRIPLICATE OIL CONSERVATION DIVISION WELL API NO. DISTRICT I 1220 South St. Francis Dr. 1625 N. French Dr. , Hobbs, NMAR240 5 2014 30-025-05471 Santa Fe. NM 87505 5. Indicate Type of Lease DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210 EIVED STATE X **FEE** DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd, Aztec, NM 87410 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A North Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) Section 23 1. Type of Well: 8. Well No. 231 Gas Well Oil 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 (G/SA) HCR 1 Box 90 Denver City, TX 79323 4. Well Location Unit Letter K Feet From The Line 2310 Feet From The South 2310 West **NMPM** Township 18-S Range 37-E County Section Lea 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3678' GL 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 Below-Grade Tank: Volume bbls; Construction Material Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data الد الله الله الله الله الله الله NOTICE OF INTENTION TO: SUBSEQUENT REPORT.OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON. **CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG & ABANDONMENT** CASING TEST AND CEMENT JOB PULL'OR ALTER CASING Multiple Completion OTHER: OTHER TA status extension request

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.

constructed or	rmation above is true and compl	, ,	_			k has been/will be
closed according to NMC	OCD guidelines , a	general permit	or an (at plan	tached) alternative OCD-	approved	
SIGNATURE	endy (1)	thron-	TITLE	Administrative Associ	ate · · DA	TE <u>03/04/2</u> 014
TYPE OR PRINT NAME	Mendy A. Johnson	E-mail address:	mendy_jo	ohnson@oxy.com	TELEPHONE N	O. 806-592-6280
For State Use Only APPROVED BY	ial Will	va_	_ TITLE	Compliance a	Officer D	ATE 03/07/2014
CONDITION OF APP 24 HOURS prior to rur	ROVAL: Notify OCD DISTE	RICT OFFICE				/

MAR 1 0 2014