

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

HOBBS OCD

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

HOBBS OCD

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

MAR 17 2014

MAR 17 2014

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05439
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 13
8. Well No. 221
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

SUNDRY RECEIVED (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG EXISTING DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101 for such proposals.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Temporarily Abandoned	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> <u>1980</u> Feet From The <u>West</u> Line Section <u>13</u> Township <u>18-S</u> Range <u>R-37E</u> NMPM <u>Lea</u> County <u>Lea</u>	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3676' GR	
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 _____	

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: _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Casing integrity test/TA status request</u> <input checked="" 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.

Date of test: 03/04/2014

Pressure readings: Initial - 560 PSI; 15 min - 560 PSI; 30 min - 560 PSI

Length of test: 30 minutes

Witnessed: NO

CIBP @3975'
Top perf @4049'

This Approval of Temporary
Abandonment Expires 3-4-2015

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 03/13/2014
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 Mendy A. Johnson TITLE Compliance Officer DATE 3/18/2014
CONDITIONS OF APPROVAL IF ANY:

MAR 19 2014

