

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

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

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

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

**HOBBS OIL CONSERVATION DIVISION**

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

APR 22 2014

RECEIVED

| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.)  |   |
|---|---|
| 1. Type of Well:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned  | 7. Lease Name or Unit Agreement Name<br>South Hobbs (G/SA) Unit Section 9 |
| 2. Name of Operator<br>Occidental Permian Ltd.  | 8. Well No. 72  |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323  | 9. OGRID No. 157984   |
| 4. Well Location<br>Unit Letter F : 1650 Feet From The North 2310 Feet From The West Line<br>Section 9 Township 19-S Range 38-E NMPM County   | 10. Pool name or Wildcat Hobbs (G/SA)                                     |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3606' RDB  |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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"/>                                | PLUG AND ABANDON <input type="checkbox"/>    | REMEDIAL WORK <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>    |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>        | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                   | PLUG & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | Multiple Completion <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/>                                |   |
| OTHER: _____ <input type="checkbox"/>   |  | OTHER: Casing integrity test/TA status request <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: 04/15/2014

Pressure readings: Initial - 570 PSI; 15 min - 565 PSI; 30 min - 565 PSI

Length of test: 30 minutes

Witnessed: NO

Packer set @3918'  
Top perf @4021'

This Approval of Temporary  
Abandonment Expires 4/15/2015

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 <u>Mendy A. Johnson</u>          | TITLE <u>Administrative Associate</u>        | DATE <u>04/17/2014</u>            |
| TYPE OR PRINT NAME <u>Mendy A. Johnson</u> | E-mail address: <u>mendy_johnson@oxy.com</u> | TELEPHONE NO. <u>806-592-6280</u> |

|                                |                               |                               |                       |
|--------------------------------|-------------------------------|-------------------------------|-----------------------|
| For State Use Only             | APPROVED BY <u>Mary Brown</u> | TITLE <u>Dist. Supervisor</u> | DATE <u>4/22/2014</u> |
| CONDITIONS OF APPROVAL IF ANY: |                               |                               |                       |

APR 22 2014

