State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	DIL CONSERVATION DIVISION	Novisida 5 27 2001			
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-07569			
DISTRICT II MAR 0 2 2015		5. Indicate Type of Lease			
1301 W. Grand Ave, Artesia, NM 88210		STATE FEE X			
<u>DISTRICT III</u>		6. State Oil & Gas Lease No.			
1000 Rio Brazos Rd, Aztec, NM 83990ENED					
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name			
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION I	South Hobbs (G/SA) Unit				
I. Type of Well:		8. Well No. 3			
Oil Well Gas Well Other Temporarily Abandoned		9. OGRID No. 157984			
	2. Name of Operator				
Occidental Permian Ltd. 3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)			
HCR I Box 90 Denver City, TX 79323		House (U/SA)			
4. Well Location	· · · · ·				
Unit Letter L : 1980 Feet From The South Line and 560 Feet From The West Line					
	vnship 18-S Range 38-I	E NMPM Lea County			
11. Elevation 3635' KE	on (Show whether DF, RKB, RT GR, etc.) 3				
Pit or Below-grade Tank Application or Cl					
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-Grad	le Tank: Volume bbls; Construction Ma	iterial			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB					
OTHER: TA status extension request 2 YE	ARS 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 abando	ned status. Condition of	P.A			
Run MI test to gain extension on temporary abandoned status. Condition of Approval: notify					
OCD Hobbs office 24 hours					
nrior of pupping - Nava -					
prior of running MIT Test & Chart					
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 THE Administrative Associate DATE 02/25/2015					
TYPE OR PRINT NAME Mendy A. Johnson	E-mail address: <u>mendy_johnson@oxy.com</u>	TELEPHONE NO. 806-592-6280			

TYPE OR PRINT NAME Mendy A. Johnson	E-mail address:	mendy_johnson@oxy.com	TELEPHONE NO.	806-592-6280
For State-Use Only Maley Hold	on	TITLE Dist. Suc	DINISOU DATE	3/2/2015
CONDITION OF APPROVAL: Notify OCD DIST 24 HOURS prior to running the TA Pressure Test		44 MONTHS		

MAR 0 3 2015'