

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

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

SEP 16 2015

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

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05450
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 14
8. Well No. 341
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

SUNDRY NOTICES AND REPORTS ON WELLS (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: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> <del>Temporarily Abandoned</del>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR I Box 90 Denver City, TX 79323	
4. Well Location Unit Letter O : 660 Feet From The South Line and 160 Feet From The East Line Section 14 Township 18-S Range 37-E NMPM Lea County	
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3688' DF	
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	
<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> CONVERSION _____ RBDMS <input checked="" type="checkbox"/> <b>TA</b> <input checked="" type="checkbox"/> RETURN TO _____ CHG LOC _____ CSNG _____ ENVIRO _____ INT TO PA _____ P&A NR _____ P&A R _____	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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: 08/20/2015

Pressure Readings: Initial - 520 PSI Ending - 505 PSI

Length of test: 30 minutes

Witnessed: NO

CIBP @4050'  
Top Perf @4080'

This Approval of Temporary  
Abandonment Expires 8/20/2016

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	Administrative Associate	DATE	09/14/2015
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 Mailey Brown TITLE Dist. Supervisor DATE 9/14/2015  
CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_

SEP 16 2015

