

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

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

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

|   |        |
|---|--------|
| WELL API NO.<br>30-025-07509  |        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |        |
| 6. State Oil & Gas Lease No.  |        |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 31                       |        |
| 8. Well No.   | 131    |
| 9. OGRID No.  | 157984 |
| 10. Pool name or Wildcat<br>Hobbs (G/SA)  |        |

|   |  |
|---|--|
| 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 Temporarily Abandoned   |  |
| 2. Name of Operator<br>Occidental Permian Ltd.  |  |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323  |  |
| 4. Well Location<br>Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> <u>990</u> Feet From The <u>West</u> Line<br>Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County  |  |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3651' DF   |  |
| 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"/>                                | 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: TA status extension request <input checked="" type="checkbox"/>        | PLUG & ABANDONMENT <input type="checkbox"/>         |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|   | OTHER: <input 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.

Run MI test to gain extension on temporarily abandoned status. 1 YEAR

Condition of Approval: notify  
OCD Hobbs office 24 hours  
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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> |                         |                 |                          |
| SIGNATURE   | <u>Mendy A. Johnson</u> | TITLE           | Administrative Associate |
| DATE  | 10/08/2015              |                 |                          |
| 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   | <u>Mary Brown</u>       | TITLE           | Dist Supervisor          |
| DATE  | 10/13/2015              |                 |                          |
| CONDITIONS OF APPROVAL IF ANY:  |                         |                 |                          |

51 MONTHS - NO PROD REPORTED