State of New Mexico Energy, Minerals and Natural Resources Department

	Energy, minerals and ra		-	Revised 5-27-2004	
FILE IN TRIPLICATE	OIL CONSERV A	ATION DIVISION			
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240	1220 South Santa Fe,	St. Francis Dr NMQ BoBS OCD	WELL API NO. 30-025-07659	1	
DISTRICT II			5. Indicate Type of Lease		
1301 W. Grand Ave, Artesia, NM 88210		MAR 0 7 2016	STATE	FEE X	
DISTRICT III			6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd, Aztec, NM 87410	TIODS AND DEPORTS ON WE	RECEIVED	7. Lease Name or Unit Agreen	aant Nama	
	TICES AND REPORTS ON WEI				
	ROPOSALS TO DRILL OR TO DEEPEN APPLICATION FOR PERMIT" (Form C-1		South Hobbs (G/SA) Unit	<i>√</i>	
1. Type of Well:		1	8. Well No. 84	1	
Oil Well	Gas Well Other TA	A'd Injector			
 Name of Operator Occidental Permian Ltd. 		1	9. OGRID No. 157984		
3. Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)	
HCR 1 Box 90 Denver City, TX	79323				
4. Well Location					
Unit Letter I 1995	Feet From The South	Line and 660 Feet	From The East	Line	
Section 9	Township 19-S	Range 38-E	NMPM	Lea County	
	11. Elevation (Show whether DF, RK 3585' GL	(B, RT GR, etc.)			
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-Grade Tank: Volume	bbls; Construction Mat	erial		
	k Appropriate Box to Indicate Nat				
NOTICE OF INT	ENTION TO:	SUBS	EQUENT REPORT OF	Ξ:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN	NS. DLUG & A	BANDONMENT	
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	т јов		
OTHER: TA status extension reque	est X	OTHER:			
13. Describe Proposed or Completed Op proposed work) SEE RULE 1103.	perations (Clearly state all pertinent de For Multiple Completions: Attach w			tarting any	

Run MI test to gain extension on temporary abandoned status.

Condition of Approval: notify OCD Hobbs office 24 hours prior of running MIT Test & Chart

Form C-103

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 be constructed or	been/will be
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan	
SIGNATURE MUNICIPALITY Administrative Associate DATE	03/04/2016
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: <u>mendy_johnson@oxy.com</u> TELEPHONE NO.	806-592-6280
APPROVED BY Maley Stown TITLE Dist Supervisor DATE	3/7/2016
CONDITIONS OF APPROVAL IF ANY:	· · · ·
Nethod Reported - 153 MONTHS MAR 08	2016