

HOBBS OCD

AUG 11 2016

State of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-025-26118
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well No. 123
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Temporarily Abandoned	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>H</u> : <u>2390</u> Feet From The <u>North</u> Line and <u>150</u> Feet From The <u>East</u> Line Section <u>6</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3624' GR	
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	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>
OTHER: <u>TA status extension request</u>	<input checked="" type="checkbox"/>
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: _____	<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 temporary abandoned status.

WILL NEED ADDITIONAL
JUSTIFICATION FOR
T/A STATUS TO CONTINUE.
YMB

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

6 MONTH T/A ONLY

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>08/09/2016</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>Marky Brown</u>	TITLE <u>Dist Supervisor</u>	DATE <u>8/15/2016</u>
CONDITIONS OF APPROVAL IF ANY			

NO PROD REPORTED
- 319 MONTHS -