| Submit 1 Copy To Appropriate District HOBBS State of New Mexico Office | Form C-103 |
|---|--------------------------------------|
| District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 | Revised July 18, 2013 WELL API NO. |
| District II (575) 748 1283 | 30-025-07454 |
| District III – (505) 334-6178 OIL CONSERVATION DIVISION District III – (505) 334-6178 | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | STATE FEE |
| District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | 6. State Oil & Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | North Hobbs (G/SA) Unit |
| 1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned | 8. Well Number 411 |
| Name of Operator Occidental Permian, Ltd | 9. OGRID Number 157984 |
| 3. Address of Operator | 10. Pool name or Wildcat |
| HCR 1 Box 90 Denver City, TX 79323 | Hobbs (G/SA) |
| 4. Well Location | 200 |
| | 990 feet from the East line |
| Section 29 Township 18-S Range 38-E | NMPM Lea County |
| 3647' GR | |
| SON ON | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ | |
| PULL OR ALTER CASING | |
| DOWNHOLE COMMINGLE | |
| CLOSED-LOOP SYSTEM OTHER: TA status extension request 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. | |
| 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 | |
| | |
| | |
| | |
| Spud Date: Rig Release Date: | |
| | |
| | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| $\neg \circ$ | |
| SIGNATURE DATE 10/04/2016 | |
| | |
| Type or print name Mendy A. Johnson E-mail address: mendy_johnso | n@oxy.comPHONE: _806-592-6280 |
| For State Use Only | |
| APPROVED BY: Malus Provent TITLE DISC. Super Conditions of Approval (if any) | WISOUDATE 10/13/2016 |
| Conditions of reppiving (it mit) | |

NO PRODUCTION REPORTED IN 230 MONTHS.