State of New Mexico HOBBS OCEnergy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE APR 11 2013OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 APR 1 2013 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-025-05471
DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210 RECEIVED	5. Indicate Type of Lease
DISTRICT III	STATE X FEE 6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	North Hobbs (G/SA) Unit Section 23
1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned	8. Well No. 231
2. Name of Operator	9. OGRID No. 157984
Occidental Permian Ltd. 3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323 4. Well Location	1000s (0/5A)
	t From The West Line
Section 23 Township 18-S Range 37-E	NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3678' GL	
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 Material	
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. PLUG & ABANDONMENT	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	IT JOB
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
Run MI test to gain extension on temporary abandoned status.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify constructed or	that any pit or below-grade tank has been/will be
closed according to NMOCD guidelines , a general permit or an (attached) alternative	e OCD-approved
SIGNATURE Memby Cohom TITLE Administrative	Associate DATE 04/10/2013
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy johnson@oxy.com	TELEPHONE NO. 806-592-6280
For State Use Only	1/1-2
APPROVED BY TITLE 151-111	DATE 4-15-2013
CONDITIONS OF APPROVAL IF ANY	
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