

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

C15F
BP

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-29133
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Evelyn 35 State Com.
8. Well No. 1
9. Pool name or Wildcat Empire Morrow, South
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3663'

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 checked="" type="checkbox"/> OTHER	2. Name of Operator Occidental Permian Limited Partnership
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	4. Well Location Unit Letter H : 1730 Feet From The north Line and 660 Feet From The east Line Section 35 Township 17S Range 28E NMPM Eddy County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: **MIT & TA Status** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

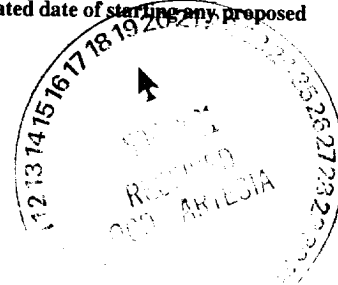
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**OCCIDENTAL PERMIAN LP REQUESTS TO TEMPORARILY ABANDON THIS WELL.
THIS WELL IS CURRENTLY BEING REVIEWED FOR POSSIBLE FUTURE USE.**

TD-10805' PSTD-9600' CIBP-9635'

1) NOTIFY NMCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.

2) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 500# FOR 30 MIN.



MIT Scheduled for 11:30 am 11-28-01

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE **Sr. Regulatory Analyst** DATE **11/15/01**

TYPE OR PRINT NAME **David Stewart** TELEPHONE NO. **915-685-5717**

(This space for State Use)

APPROVED BY Compliance Officer TITLE **Compliance Officer** DATE **11-26-01**

CONDITIONS OF APPROVAL, IF ANY: