

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**HOBBS OGD CONSERVATION DIVISION**

**DISTRICT I**  
1625 N French Dr., Hobbs, NM 88240

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

NOV 02 2012

**DISTRICT II**  
1301 W Grand Ave, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned	WELL API NO. 30-025-05468
2 Name of Operator Occidental Permian Ltd.	5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	6 State Oil & Gas Lease No
4 Well Location Unit Letter <u>A</u> <u>990</u> Feet From The <u>North</u> Line and <u>760</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County	7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 23
	8 Well No <u>412</u>
	9 OGRID No <u>157984</u>
	10 Pool name or Wildcat <u>Hobbs (G/SA)</u>
11 Elevation (Show whether DF, RKB, RTGR, etc) 3670' GL	
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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: TA status extension request <input checked="" 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. *EXTEND 1YR. AFTER (MIT)*

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 Mendy A Johnson TITLE Administrative Associate DATE 11/01/2012  
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO 806-592-6280

For State Use Only  
APPROVED BY [Signature] TITLE DIST MGR DATE 11-5-2012  
CONDITIONS OF APPROVAL IF ANY

NOV 05 2012