

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

HOBBS OCD

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

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

JAN 23 2014

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025-05475 ✓

5. Indicate Type of Lease
STATE FEE

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit
Section 23

1. Type of Well:
Oil Well Gas Well Other Temporarily Abandoned

8. Well No. 341 ✓

2. Name of Operator
Occidental Permian Ltd.

9. OGRID No. 157984 ✓

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

10. Pool name or Wildcat Hobbs (G/SA)

4. Well Location
Unit Letter O : 990 Feet From The South 1650 Feet From The East Line
Section 23 Township 18-S Range 37-E NMPM Lea County ✓

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3671' 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Casing integrity test/TA status request</u> <input checked="" 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.

Date of test: 01/14/2014

Pressure readings: Initial – 575 PSI; 15 min – 575 PSI; 30 min – 575 PSI

Length of test: 30 minutes

Witnessed: NO

This Approval of Temporary Abandonment Expires 01-15-2015

CIBP @4060 w/35' of cement
Top Perf @4125'

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 01/22/2014
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 Mark Whitaker TITLE Compliance Officer DATE 01-27-2014

CONDITIONS OF APPROVAL IF ANY:

ogj

PRINTED IN U.S.A.

6 PM

MIDNIGHT

Graphic Controls

DATE 1-14-14
BR 2221

RECEIVED

JAN 23 2014
HOBBS OGD

Office Trucking Use
Temperature USGS

11:55 AM
1:55 PM

NOON

6 AM

5

4

3

2

1

11

10

9

8

7

5

4

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700

600

500

400

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