State of New Mexico

Energy, Minerals and Natural Resources Department

FILE IN TRIPLICATE	HOBBS OCD OIL O	CONSERV	ATION DIVISION			
DISTRICT I 1625 N. French Dr. , Hobbs, NM 8	8240		St. Francis Dr. NM 87505	WELL API NO. 30-025-27214	/	7
DISTRICT II	FFB 1 3 2014	Sunta i e,		5. Indicate Type of Lease		1
DISTRICT II 1301 W. Grand Ave, Artesia, NM 88210 DISTRICT III				STATE	FEE X	
<u>DISTRICT III</u> 1000 Rio Brazos Rd, Aztec, NM 87				6. State Oil & Gas Lease No		
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agree	ement Name	1
(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 20		
1. Type of Well:			****	8. Well No. 233	/	
Oil Well 2. Name of Operator	Gas Well	Other Te	emporarily Abandoned	9. OGRID No. 157984	/	_
Occidental Permian Ltd	. /			5. 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			······································	• • • • • • • • • • • • • • • • • • •		7
Unit Letter <u>K</u> :	1610 Feet From The	South	Line and <u>1850</u> Fee	t From The West	Line	
Section 20	Township	18-S		E NMPM	Lea County	
	11. Elevation (<i>Sho</i> 3648' GR	w whether DF, RF	KB, RT GR, etc.)			
Pit or Below-grade Tank Appli	cation 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 Na	ture of Notice, Report, or (Other Data		
	OF INTENTION TO:	to mulcate Ma		SEQUENT REPORT (DF:	
PERFORM REMEDIAL WORK	PLUG AND ABANI	DON	REMEDIAL WORK	ALTERIN		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP				NS. DLUG &	ABANDONMENT	
PULL OR ALTER CASING	Multiple Completio	n 🗌	CASING TEST AND CEMEN	IT JOB		
OTHER:			OTHER: Casing integri	ity test/TA status request	X	
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: 02/05/2014					- 12015	
This Approval				of Temporary 7/	5/2015	
· –	57 I SI, I S IIIII – 555 I SI, SV	J IIIII – 333 F 3	Abandonment	Expires	under an	
Length of test: 30 minutes				• • • • • • • • •	and the second statistic statistic for the statistic statistics	
Witnessed: NO						
CIBP set @4175'						
Top perf @4258'						
I hereby certify that the information	above is true and complete to the	best of my know	ledge and belief. I further certify	that any pit or below-grade tank	has been/will be	_
constructed or closed according to NMOCD gu			-	· · · · ·		
	uidelines , a general	permit	or an (attached) alternative	e OCD-approved		
SIGNATURE	dy UAT	non	TITLE Administrative	Associate DA	- TE 02/12/2014	
TYPE OR PRINT NAME Men	ndy A. Johnson E-n	nail address:	mendy_johnson@oxy.com			-
For State Use Only	' HD		<u> </u>	· 011 ·		=,
APPROVED BY	ey& Dlown	>	_ TITLE (Omple	ance thee DA	TE 2/24/201	:4
CONDITIONS OF APPROVAL IF	AN			ω		/
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Form C-103 Revised 5-27-2004

