

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05468
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 North Hobbs (G/SA) Unit Section 23
8. Well No. 412
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

AUG 08 2014

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 Gas Well Other Temporarily Abandoned

2. Name of Operator
Occidental Permian Ltd.

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

4. Well Location
Unit Letter A : 990 Feet From The North Line and 760 Feet From The East Line
Section 23 Township 18-S Range 37-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3670' 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

E-PERMITTING	SUBSEQUENT REPORT OF:	
PERFORM P&A NR _____ P&A R _____ <input type="checkbox"/>	REMEDIAL WORK _____	ALTERING CASING _____ <input type="checkbox"/>
TEMPORARY INT to P&A _____ <input type="checkbox"/>	COMMENCE DRILLING OPNS. _____	PLUG & ABANDONMENT _____ <input type="checkbox"/>
PULL OR A CSNG _____ CHG Loc _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB _____	
OTHER: <u>TA P.M.</u> <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: 07/26/2014
Pressure readings: Initial - 640 PSI; 15 min - 640 PSI; 30 min - 640 PSI
Length of test: 30 minutes
Witnessed: NO
CIBP @3953'
Top perf' @3990'

This Approval of Temporary Abandonment Expires 7/26/2015

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 08/07/2014
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 Mary Brown TITLE Dist. Supervisor DATE 8/11/2014

AUG 11 2014

[Handwritten signature]

