

HOBBS OCD

AUG 08 2014

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

WELL API NO. 30-025-07659

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
South Hobbs (G/SA) Unit

8. Well No. 84

9. OGRID No. 157984

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

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 TA'd Injector

2. Name of Operator: Occidental Permian Ltd.

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

4. Well Location
Unit Letter I : 1995 Feet From The South Line and 660 Feet From The East Line
Section 9 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3585' 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 RE P&A NR _____	P&A R _____	<input type="checkbox"/>		REMEDIAL WORK _____	ALTERING CASING _____	<input type="checkbox"/>
TEMPORARIL INT to P&A _____		<input type="checkbox"/>		COMMENCE DRILLING OPNS. _____	PLUG & ABANDONMENT _____	<input type="checkbox"/>
PULL OR ALT CSNG _____	CHG Loc _____	<input type="checkbox"/>		CASING TEST AND CEMENT JOB _____		<input type="checkbox"/>
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 - 650 PSI; 15 min - 650 PSI; 30 min - 650 PSI
Length of test: 30 minutes
Witnessed: NO
CIBP @3775'
Top perf @4006'

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 Maley Brown TITLE Dist. Supervisor DATE 8/11/2014
CONDITIONS OF APPROVAL IF ANY _____

AUG 11 2014

AM

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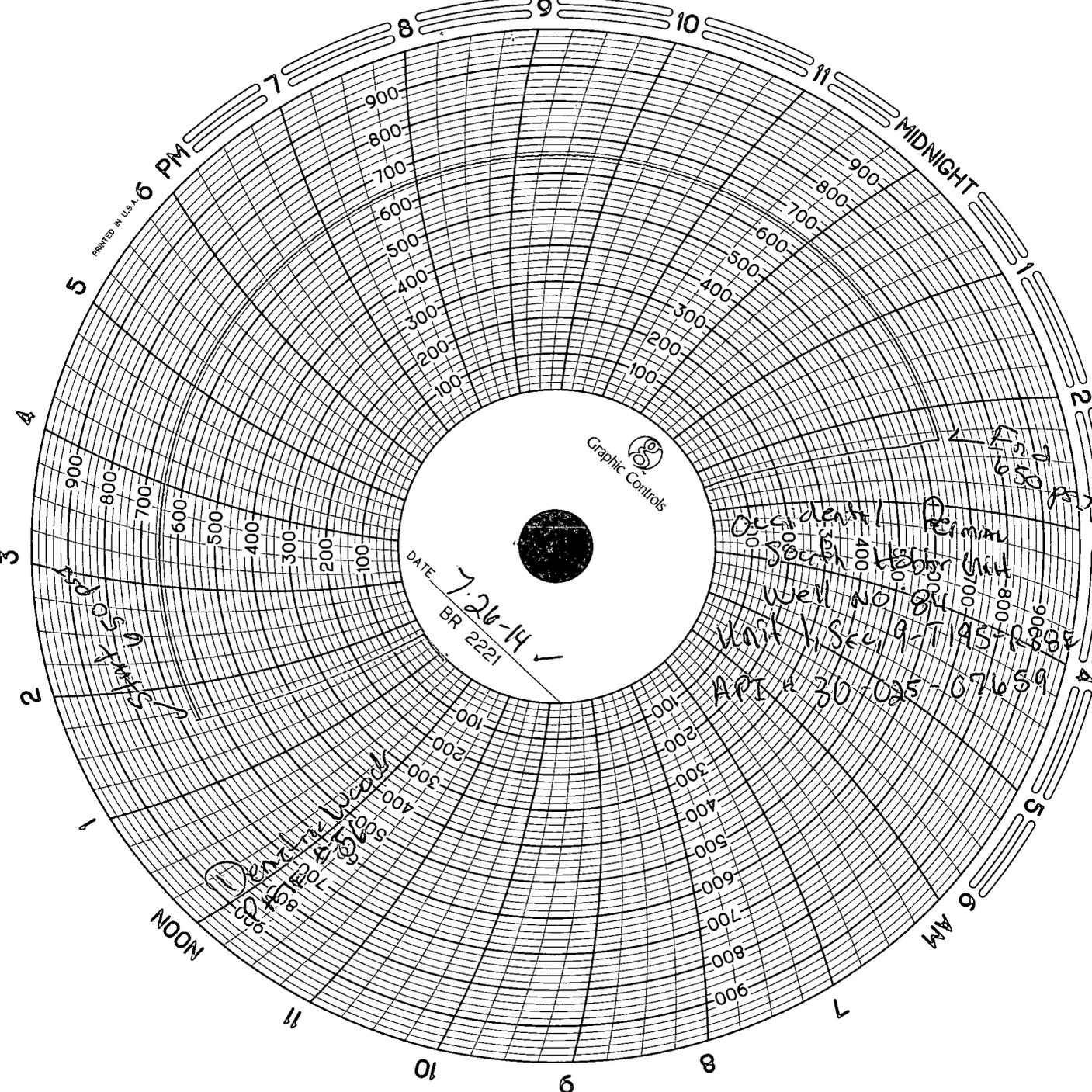
DATE 7-26-14 ✓
BR 2221

NOON

MIDNIGHT

6 AM

6 PM



Occidental Permian
Search 400
Well no. 94
Unit 1, Sec. 9-T14S-R38E
APR 30-025-67659

550 psf
500 psf
450 psf

Find
650 psf

500 psf
450 psf
400 psf
350 psf
300 psf
250 psf
200 psf
150 psf
100 psf