

FILE IN TRIPPLICATE

**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

**HOBBS OCD**  
**OCT 08 2014**

WELL API NO. 30-025-07377
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 20
8. Well No. 221
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 Temporarily Abandoned

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
Unit Letter F : 2310 Feet From The North Line and 1320 Feet From The West Line  
Section 20 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3654' DF

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 \_\_\_\_\_

**RECEIVED**

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>E-PERMITTING</b>	<b>SUBSEQUENT REPORT OF:</b>
P&A NR _____ ]	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
INT TO P&A _____ ]	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/>
CSNG _____ ]	CASING TEST AND CEMENT JOB <input type="checkbox"/>
TA <u>PMO</u> ]	OTHER: <u>Casing integrity test/TA status request</u> <input checked="" type="checkbox"/>
RBDMS CHART <u>SAI</u> ]	

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: 09/30/2014  
Pressure readings: Initial - 520 PSI; 15 min - 520 PSI; 30 min - 510 PSI  
Length of test: 30 minutes  
Witnessed: No  
CIBP @4165'  
Top perf @4224'

**This Approval of Temporary Abandonment Expires 9/30/2015**

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 10/07/2014  
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 10/8/2014  
CONDITIONS OF APPROVAL IF ANY:

**OCT 17 2014**

*[Handwritten signature]*

