

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

1220 South St. Hobbs, NM 87505
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

OCT 08 2014

RECEIVED

WELL API NO. 30-025-28364
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 South Hobbs (G/SA) Unit
8. Well No. 161
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 G : 2630 Feet From The North Line and 1331 Feet From The East Line
Section 9 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3594' 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:
P&A NR _____	REMEDIAL WORK <input type="checkbox"/>
INT TO P&A _____	ALTERING CASING <input type="checkbox"/>
CSNG _____	COMMENCE DRILLING OPNS. <input type="checkbox"/>
TA <u>P.M.</u>	PLUG & ABANDONMENT <input type="checkbox"/>
P&A R _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
COMP _____	OTHER: Casing integrity test/TA status request <input checked="" type="checkbox"/>
CHG Loc _____	
RBDMS CHART <u>AS</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: 09/29/2014

Pressure readings: Initial – 500 PSI; 15 min – 500 PSI; 30 min – 500 PSI

Length of test: 30 minutes

Witnessed: NO

CIBP @3985'
Top perf @4034'

This Approval of Temporary Abandonment Expires 9/29/2015

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 [Signature]

