

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

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

WELL API NO. 30-025-29460
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. 203
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 purposes.)

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 L : 1568 Feet From The South Line and 248 Feet From The West Line  
Section 5 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3615' 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 Boxes to Indicate Nature of Notice, Report, or Other Data

<b>E-PERMITTING</b>	<b>SUBSEQUENT REPORT OF:</b>
<b>P&amp;A NR</b> _____	REMEDIAL WORK <input type="checkbox"/>
<b>INT TO P&amp;A</b> _____	ALTERING CASING <input type="checkbox"/>
<b>CSNG</b> _____	COMMENCE DRILLING OPNS. <input type="checkbox"/>
<b>TA</b> <u>[Signature]</u>	PLUG & ABANDONMENT <input type="checkbox"/>
<b>RBDMS CHART</b> <u>[Signature]</u>	CASING TEST AND CEMENT JOB <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: 09/29/2014

Pressure readings: Initial - 530 PSI; 15 min - 530 PSI; 30 min - 530 PSI

Length of test: 30 minutes

Witnessed: NO

CIBP @3925'  
Top Perf @3976'

**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

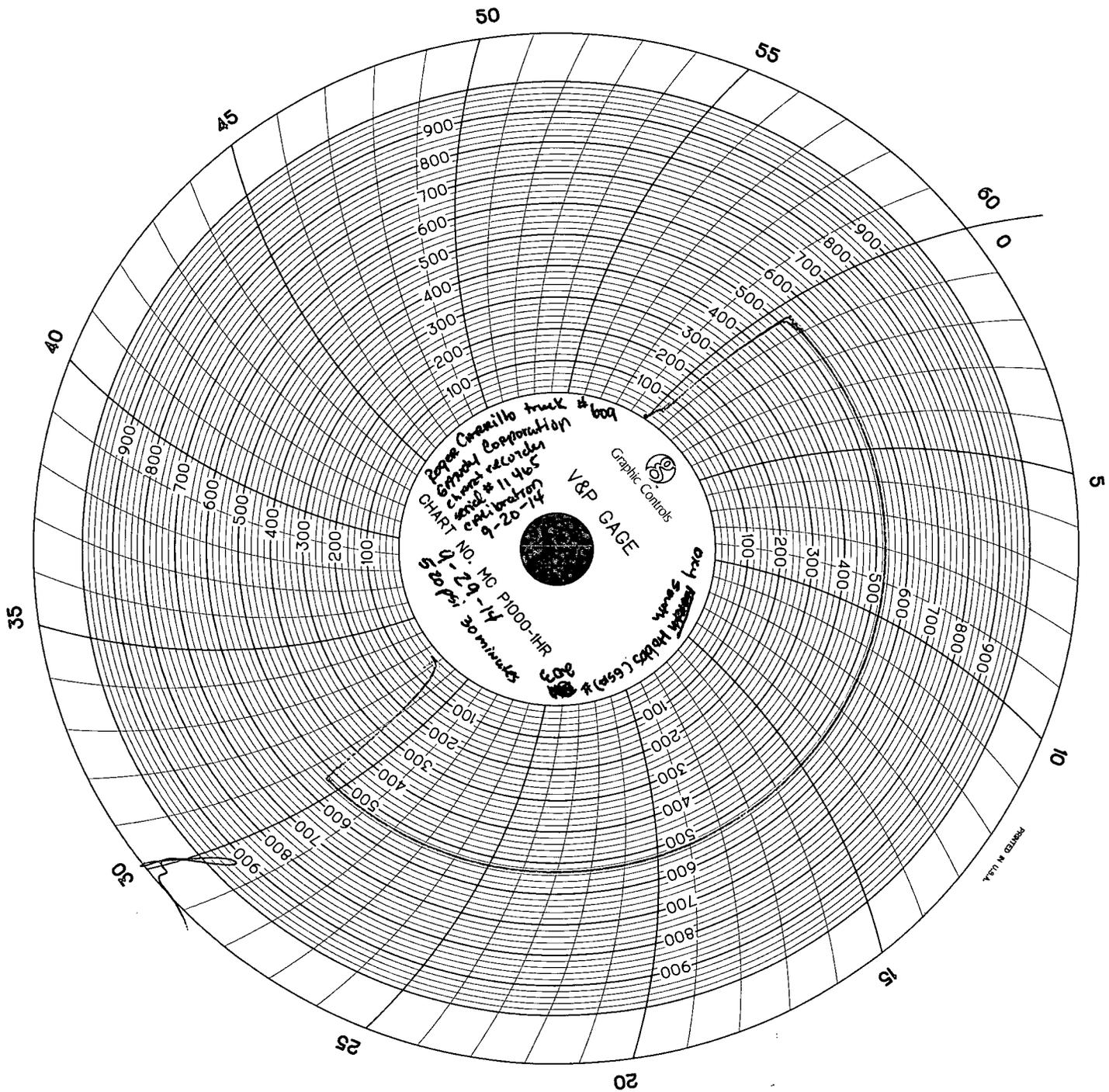
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY Mary Brown TITLE Dist. Supervisor DATE 10/8/2014

CONDITIONS OF APPROVAL IF ANY:

**OCT 17 2014**  
[Signature]



MADE IN U.S.A.