

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

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

NOV 14 2014

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025-28366

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
(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.)

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

1. Type of Well:
Oil Well Gas Well Other Temporarily Abandoned

8. Well No. 163

2. Name of Operator
Occidental Permian Ltd.

9. OGRID No. 157984

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

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

4. Well Location
Unit Letter K : 2475 Feet From The South 2475 Feet From The West Line
Section 10 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3600' 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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: TA status extension request <u>1 YEAR</u> <input checked="" type="checkbox"/>		OTHER: _____ <input 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.

Run MI test to gain extension on temporary abandoned status.

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 11/10/2014
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 11/17/2014
CONDITIONS OF APPROVAL IF ANY:

NOV 18 2014 *MB*