State of New Mexico Energy, Minerals and Natural Resources Department

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION		Revised 3-27-2004
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240		St. Francis Dr. NM 87505050000	WELL API NO 30-025-28354	
DISTRICT II		HUDDOCE	5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210			STATE	FEE X
DISTRICT III		JAN 3 0 2015	6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreem	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK FOR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)			South Hobbs (G/SA) Unit	/
1. Type of Well: Oil Well	Gas Well Other Te	8. Well No. 151	/	
2. Name of Operator Occidental Permian Ltd.	1		9. OGRID No. 157984	
3. Address of Operator		· · · · · · · · · · · · · · · · · · ·	10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 4. Well Location	79323		ļ	
Unit Letter <u>B</u> : <u>710</u>	Feet From The North	Fee	t From The East	Line
Section 10	Township 19-S	Range 38-F	E NMPM	Lea County
	11. Elevation (Show whether DF, Rk 3617' KB	(B, RT GR, etc.)		
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:				
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
	CHANGE PLANS	COMMENCE DRILLING OP	NS. PLUG & A	
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN		
OTHER: TA status extension reque		OTHER:		
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.				
F. F				
			0 4	
Run MI test to gain extension on temporary abandoned status. Condition of Approval: notify				
			obbs office 24 hours	
к 2		prior of run	ning MIT Test & Ch	art
$\mu = 1$				
I hereby certify that the information above is	true and complete to the best of my know	ledge and belief. I further certify	that any pit or below-grade tank h	as been/will be
constructed or closed according to NMOCD guidelines	, a general permit	ar an (attached) alternativ	• OCD emproved	
closed according to NMOCD guidelines , a general permit , a general permit , a general permit , plan				
SIGNATURE Administrative Associate DATE 01/27/2015				
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: <u>mendy_johnson@oxy.com</u> TELEPHONE NO. 806-592-6280				
For State Use Only	AKING	Dint -	Supplied	2/2/mar
APPROVED BY				
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FEB 0 3 2015

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Form C-103 Revised 5-27-2004