

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-05498
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: North Hobbs G/SA Unit
8. Well Number 231
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg-San Andres

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator Occidental Permian Ltd.
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294	4. Well Location Unit Letter <u>K</u> : <u>2310</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3670' DF	

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

NOTICE OF INTENTION TO:

E- E U IC OTHER:	E-PERMITTING P&A NR INT TO P&A CSNG TA RBDMS CHART	P&A R COMP CHG Loc JAD
------------------------------	---	---

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Temporarily Abandon Well <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.

MI x RU pulling unit. ND WH x NU BOP. POOH w/ESP production equipment x 2-3/8" tubing. RIH w/3-7/8" bit x tag TD @ 4351'. Pull up above liner top. Kill well w/110 bbls 10# brine. RIH w/4-1/2" CIBP x set @ 4200'. RU Renegade WL x dump bail 35' cement on top of CIBP. WOC for 3 hours x tag TOC at 4165'. RD Renegade. ND BOP x NU cap flange. Run MIT for the NMOC - initial pressure 600 psi, final pressure 590 psi (test witnessed by Bill Sonnamaker). RD x MO x clean location. Well is TxA'd.

This Approval of Temporary
Abandonment Expires 1/6/2020 1st TIME
T/A.

Spud Date: 12/24/14 (RU) Rig Release Date: 1/6/15 (RD)

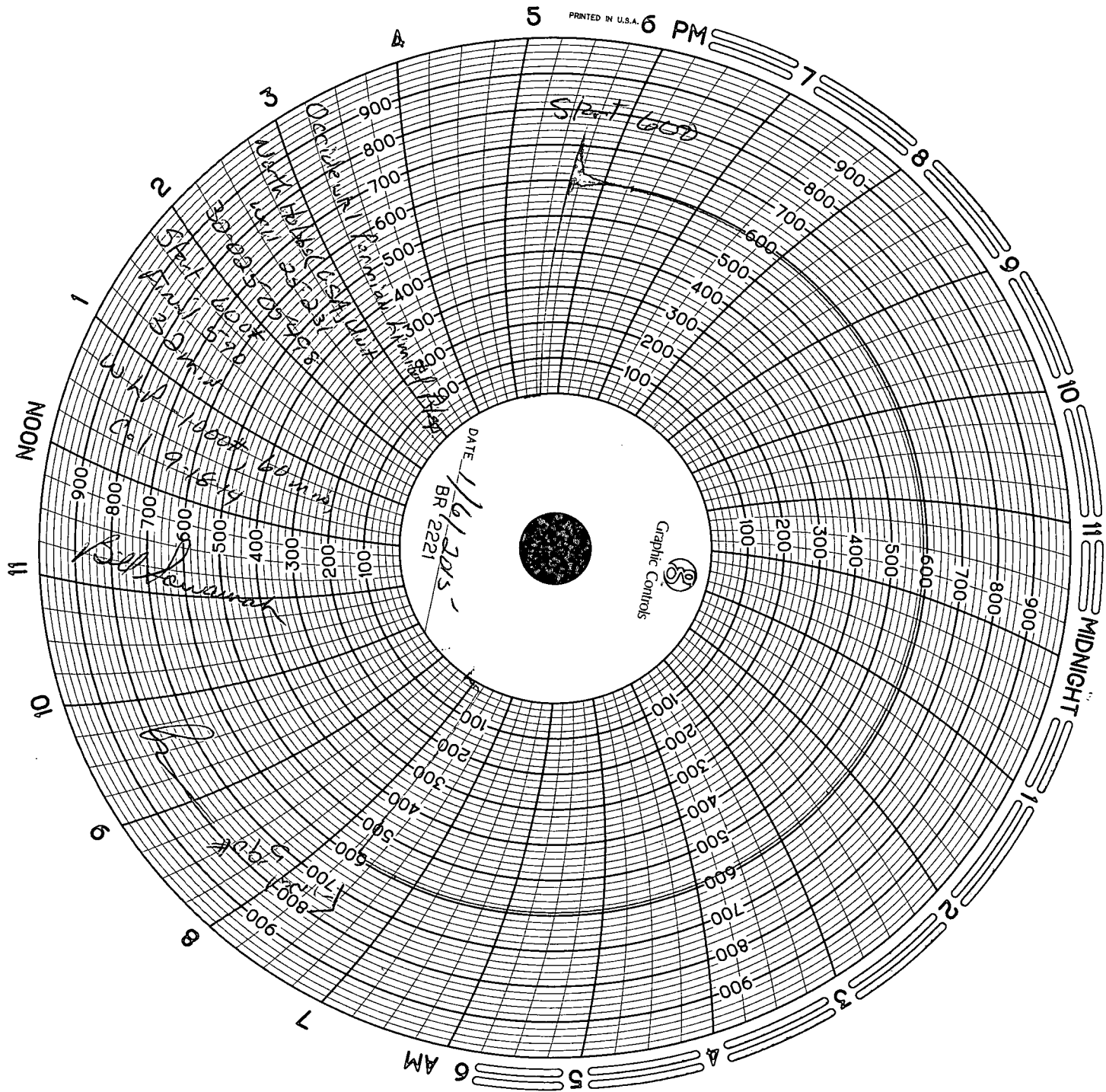
hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mark Stephens TITLE Regulatory Compliance Analyst DATE 2/3/15
Type or print name Mark Stephens E-mail address: Mark_Stephens@oxy.com PHONE (713) 366-5158

For State Use Only

APPROVED BY Mark Stephens TITLE Dist. Supervisor DATE 2/5/2015
Conditions of Approval (if any):

FEB 09 2015



COPY

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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-10) FOR PROPOSALS.)		WELL API NO. 30-025-05498
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator 2611 State Hwy 214 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 25
4. Well Location Unit Letter <u>K</u> : <u>2310</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>25</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 231
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3666' DF		9. OGRID Number: 157984
		10. Pool name or Wildcat Hobbs (G/SA)

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/> Convert to Production		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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1) POOH with tubing and ESP
- 2) Clean out to 4348'
- 3) Set CIBP @4050'
- 4) Pressure test to 500 psig
- 5) Schedule MIT
- 6) Install TA wellhead

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Steve Snead TITLE Lift Specialist DATE 12/18/2014

Type or print name Steve Snead E-mail address steve_snead@oxy.com PHONE: 806-592-6312

For State Use Only

APPROVED BY: Bill Laramah TITLE Staff Manager DATE 12/21/2014

Conditions of Approval (if any):

JAN 07 2015