

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

WELL API NO. 30-025-07454
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 29
8. Well No. 411
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 A : 990 Feet From The North 990 Feet From The East Line
Section 29 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3647' GR

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 _____

RECEIVED
FEB 05 2015

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"/> ALTERING CASING <input type="checkbox"/>
INT TO P&A _____	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/>
CSNG _____	CASING TEST AND CEMENT JOB <input type="checkbox"/>
TA <u>P.M.</u>	OTHER: <u>Casing integrity test/TA status request</u> <input checked="" type="checkbox"/>
RBDMS CHART <u>DAD</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: 01/29/2015

Pressure readings: Initial - 540 PSI; 15 min - 540 PSI; 30 min - 540 PSI

Length of test: 30 min

Witnessed: NO

CIBP @4195'
Top perf @4102'

This Approval of Temporary
Abandonment Expires 1/29/2016

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 02/04/2015

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 2/5/2015

CONDITIONS OF APPROVAL IF ANY _____

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FEB 09 2015

