State of New Mexico Energy, Minerals and Natural Resources Department

		•		Revised 5-27-2004
FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION		Revised 5-27-2004
DISTRICT I	1220 South	St. Francia BBSOCD	WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240	Santa Fe,	NM 87505	30-025-07668	/
DISTRICT II			5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210		FEB 2 5 2015	STATE	FEE X
DISTRICT III			6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410				
SUNDRY NO	FICES AND REPORTS ON WEI	LLS RECEIVED	7. Lease Name or Unit Agreen	nent Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			South Hobbs (G/SA) Unit	<i>.</i>
DIFFERENT RESERVOIR. USE "A	PPLICATION FOR PERMIT" (Form C-1	01) for such proposals.)	Section 9	
1. Type of Well:			8. Well No. 83	1
Oil Well	Gas Well Other Te	mporarily Abandoned		
2. Name of Operator			9. OGRID No. 157984	
Occidental Permian Ltd.				
3. Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 4. Well Location	79323			
Unit Letter J 1980	Feet From The South	<u>1980</u> Fe	et From The East	_ Line
Section 9	Township 19-S	Range 38-	E NMPM	Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3600' GL				
	3000 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:			F:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		CASING
	CHANGE PLANS	COMMENCE DRILLING OF	PNS. PLUG & A	
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB				
OTHER: TA status extension reque	st IVFAR	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.

Run MI test to gain extension on temporary abandoned status.

Condition of Approval: notify OCD Hobbs office 24 hours prior of running MIT Test & Chart

Form C-103

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MAR 0 2 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 Johnon	TITLE Administrative Associate DATE 02/19/2015			
TYPE OR PRINT NAME Mendy A Johnson E-mail address:	mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280			
For State Use Only Maleux Stown	TITLE Dist Supervisor DATE 3/2/2015			
CONDITIONS OF APPROVAL IF AND 252 MONTHS				