

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

**HOBBS OCD**

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

**JUN 17 2015**

WELL API NO. 30-025-29460
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 South Hobbs (G/SA) Unit
8. Well No. 203
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 L : 1568 Feet From The South Line and 248 Feet From The West Line  
Section 5 Township 19-S Range 38-E NMPM Lea County Lea

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3615' 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 \_\_\_\_\_

Nature of Notice, Report, or Other Data

<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> <b>CONVERSION</b> _____ <b>RBDMS</b> _____ <b>RETURN TO</b> _____ <b>TA</b> _____ <b>CSNG</b> _____ <b>CHG LOC</b> _____ <b>INT TO PA</b> _____ <b>P&amp;A NR</b> _____ <b>P&amp;A R</b> _____	SUBSEQUENT REPORT OF:	
	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <u>Casing integrity test/TA status request</u> <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.

**This Approval of Temporary Abandonment Expires 6/3/2016**

Date of test: 06/03/2015

Pressure readings: Initial – 535 PSI; Ending – 535 PSI

Length of test: 30 minutes

Witnessed: NO

CIBP 3925'  
Top perf @3976'

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 06/15/2015  
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 Mindy Brown TITLE Dist. Supervisor DATE 17  
CONDITIONS OF APPROVAL IF ANY:

**JUN 19 2015**

*[Handwritten initials]*

