

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

1220 South St. Francis Dr. **HOBBS OCD**
Santa Fe, NM 87505

SEP 16 2015

RECEIVED

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05450
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 Section 14
8. Well No. 341
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 O : 660 Feet From The South Line and 160 Feet From The East Line
Section 14 Township 18-S Range 37-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3688' DF

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

<p>E-PERMITTING <SWD INJECTION></p> <p>CONVERSION _____ RBDMS <u>MW</u>]</p> <p>RETURN TO _____ TA <u>PM</u>]</p> <p>CSNG _____ ENVIRO _____ CHG LOC _____]</p> <p>INT TO PA _____ P&A NR _____ P&A R _____]</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <u>Casing integrity test/TA status request</u> <input checked="" type="checkbox"/></p>
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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: 08/20/2015
Pressure Readings: Initial - 520 PSI Ending - 505 PSI
Length of test: 30 minutes
Witnessed: NO
CIBP @4050'
Top Perf @4080'

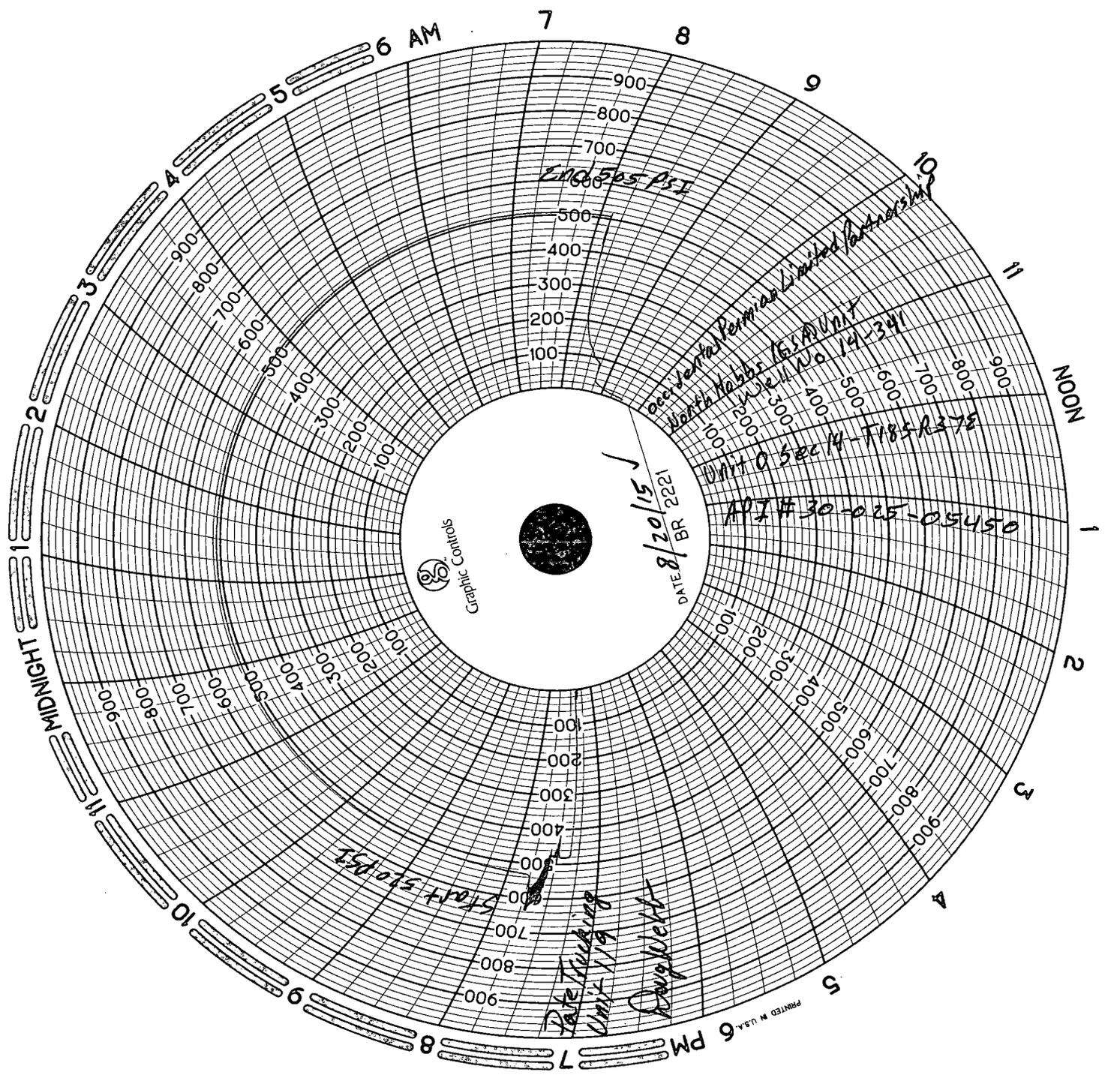
This Approval of Temporary Abandonment Expires 8/20/2016

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 09/14/2015
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 Maley Brown TITLE Dist. Supervisor DATE 9/14/2015
CONDITIONS OF APPROVAL IF ANY _____

SEP 18 2015



Central Graphic Corp

DATE 8/20/15
BR 2221

Sec 14-19
Unit 119
Dug Well

END 5:05 PM

START 5:00 PM

Sec 14-19 (GS) UNIT
Well No 14-341
Unit 0 Sec 14-19 R378

API# 30-025-05450

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