State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSERV	ATION DIVISION		
DISTRICT I 1625 N. French Dr. , Hobbs, NM 88240		St. Francis Dr. NM 87505	WELL API NO. 30-025-05439	
DISTRICT II		HOBBS OCD	5. Indicate Type of Lease	
1301 W. Grand Ave, Artesia, NM 88210			STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410		DEC 0 4 2015	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(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.)			North Hobbs (G/SA) Unit	
1. Type of Well:	IPPLICATION FOR PERMIT (FORM C-	101) for such proposals.)	Section 13 / 8. Well No. 221	-
Oil Well	Gas Well Other To	emporarily Abandoned	22.	
Name of Operator Occidental Permian Ltd.	/		9. OGRID No. 157984	
3. Address of Operator HCR 1 Box 90 Denver City, TX	70222		10. Pool name or Wildcat Hobbs (G/SA)	
4. Well Location	17323			
Unit Letter F : 1980	Feet From The North	_1980 Fe	et From The West Line	/
Section 13 Township 18-S Range R-37E NMPM Lea County				
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3676' 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				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF		\equiv
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEME		
OTHER: TA status extension requ		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 temp	porary abandoned status.			
Condition of Approval; notify				
OCD Hobbs office 24 hours				
prior of running MIT Test & Chart				
	true and complete to the best of my know	ledge 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) alternativ	ve OCD-approved	
closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan				
SIGNATURE NIME (CONTINUE Administrative Associate DATE 12/02/2015				
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 COMPLY TOTAL DIST SUPERVISION OF 12/9/2015				
CONDITIONS OF APPROVAL IF ANY:				

No Prod Reported - 268 MONTHS DEC 1 0 2015