State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

RECEIVED

DEC 21 2015

FILE IN TRIPLICATE

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. 30-025-28880	
5. Indicate Type of Lease STATE [ ] FEE [X]	
6. State Oil & Gas Lease No.	

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.)

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit
Section 19

1. Type of Well:
   Oil Well [ ]   Gas Well [ ]   Other   Temporarily Abandoned

8. Well No.   212

2. Name of Operator
   Occidental Permian Ltd.

9. OGRID No.   157984

3. Address of Operator
   HCR 1 Box 90   Denver City, TX 79323

10. Pool name or Wildcat   Hobbs (G/SA)

4. Well Location

Unit Letter   C   :   160   Feet From The   North   1460   Feet From The   West   Line

Section   19   Township   18-S   Range   38-E   NMPM   Lea   County

11. Elevation (*Show whether DF, RKB, RT GR, etc.*)
3665' 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:

PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]
PULL OR ALTER CASING	[ ]	Multiple Completion	[ ]
OTHER: TA status extension request	[X]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
COMMENCE DRILLING OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
CASING TEST AND CEMENT JOB	[ ]		
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

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   12/17/2015

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   *Maly G Brown*   TITLE   Dist Supervisor   DATE   12/22/2015

CONDITIONS OF APPROVAL IF ANY:

DEC 23 2015

NO PROD REPORTED - 268 MONTHS