

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-31429	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. State of NM A-1212-0002	
7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA)	<input checked="" type="checkbox"/>
8. Well Number 236	<input checked="" type="checkbox"/>
9. OGRID Number 157984	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Hobbs (G/SA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3619' (KB)	

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 **HOBBS OCP**

2. Name of Operator
Occidental Permian Ltd. **MAR 08 2016**

3. Address of Operator
P.O. Box 4294, Houston, TX 77210 **RECEIVED**

4. Well Location
Unit Letter K : 1403 feet from the South line and 1746 feet from the West line
 Section 4 Township 19S Range 38E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING <SWD _____ INJECTION _____> CONVERSION _____ RBDMS <u>MB</u> RETURN TO _____ TA <u>TRW</u> CSNG _____ ENVIRO _____ CHG LOC _____ INT TO PA _____ P&A NR _____ P&A R _____ OTHER: TA well <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: TA well <input checked="" type="checkbox"/>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- MIRU x RUWL x shoot drainholes @ 3921' x NDWH x NUBOP
- POOH 123 JTS, ESP x disassembled ESP x Bullhead 100 BBLs 10# B/W dwn csg
- RUWL x set 7" CIBP @ 4040' x RIH w/ 2-7/8 pop, 126 JTS, 6 sxs cmt down to 4026'
- Circ well w/ 170 BBLs 10# B/W x pressure tested to 600 psi
- RIH w/ 2 JTS, tagged TOC @ 4003' x POOH w/ 126 JTS
- RIH w 7" CIBP, 40 JTS x set @ 1275' x POOH w/ 40 JTS
- RD Workfloor x NDBOP x NU cap flange x ran MIT for NMOCD to 600 psi (passed)
- RD PU x cleaned location x MO location

T. Prof 4089.

This Approval of Temporary Abandonment Expires 1/7/2021

Spud Date: 12/31/2015 Rig Release Date: 1/7/2015

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sarah Mitchell TITLE Regulatory Specialist DATE 5/3/16

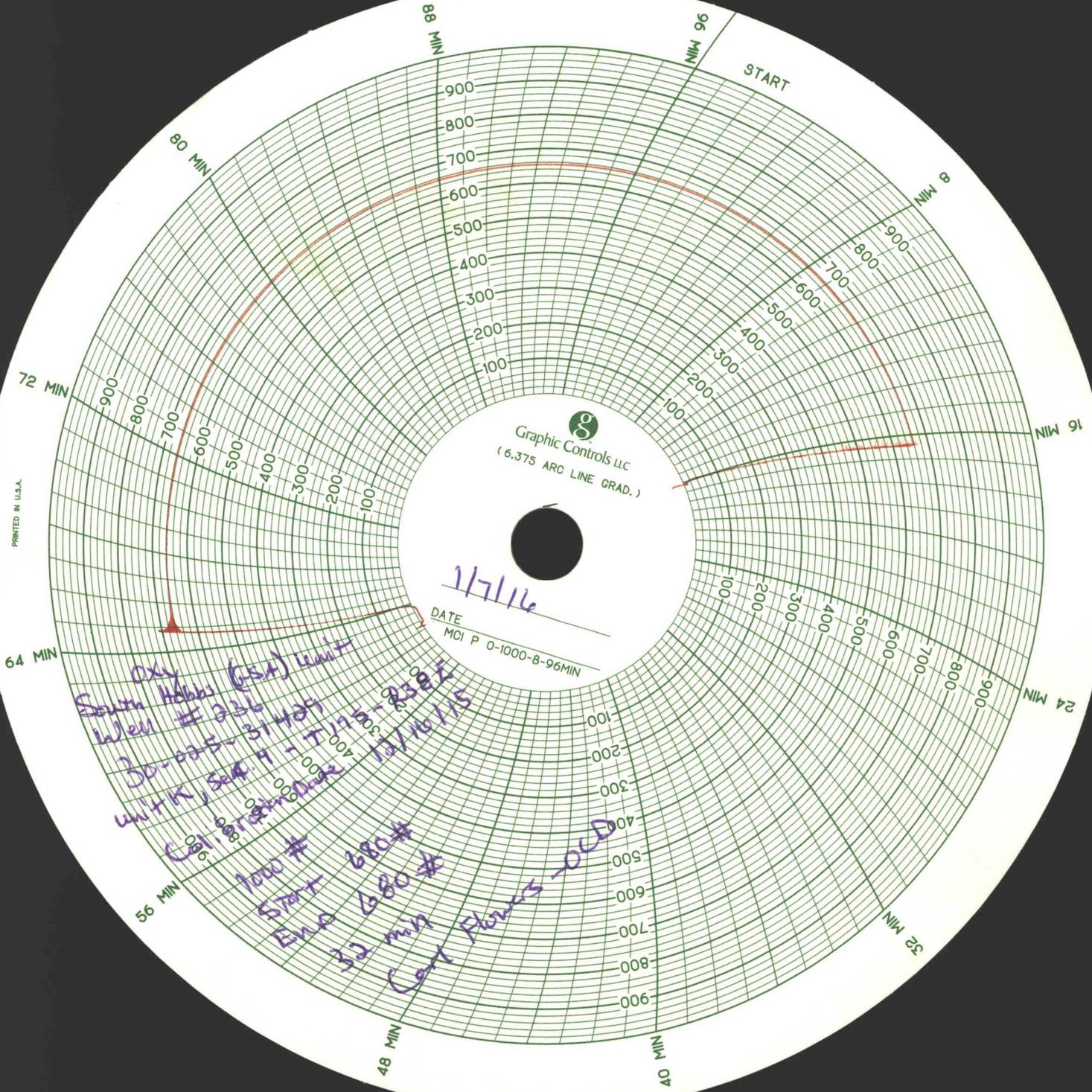
Type or print name Sarah Mitchell E-mail address: sarah_mitchell@oxy.com PHONE: 713-366-5469

For State Use Only
 APPROVED BY: Melissa Brown TITLE Dist Supervisor DATE 3/8/2016
 Conditions of Approval (if any):

MAR 08 2016

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 Graphic Controls LLC
 (6.375 ARC LINE GRAD.)

1/7/16

DATE MCI P 0-1000-8-96MIN

oxy
 South Hobbs (USA) unit
 Wels # 312
 30-pas. of 400
 unit (K), sep. H. T. 27-2800
 Cal. Transline 1/7/15
 low # 5700
 END 680 #
 52 min
 Cart Flowers - OCD