

FILE IN TRIPLICATE

HOBBS OCD
MAY 17 2016
RECEIVED

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-29411
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. 204
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 M : 330 Feet From The South Line and 330 Feet From The West Line
Section 5 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3624' KB

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

E-PERMITTING <SWD _____ INJECTION _____> CONVERSION _____ RBDMS <u>MB</u>] RETURN TO _____ TA <u>Pm.</u>] CSNG _____ ENVIRO _____ CHG LOC _____] INT TO PA _____ P&A NR _____ P&A R _____]	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"/>
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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: 04/17/2016
Pressure readings: Initial - 590 PSI Ending - 580 PSI
Length of test: 30 minutes
Witnessed: NO

This Approval of Temporary Abandonment Expires 4/17/2017

Oxy respectfully requests a TA extension for SHU 204. This well is part of the South Hobbs Unit Phase 2 CO2 expansion project and will be returned to active status as the project expands to this area of the unit.

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 05/16/2016
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

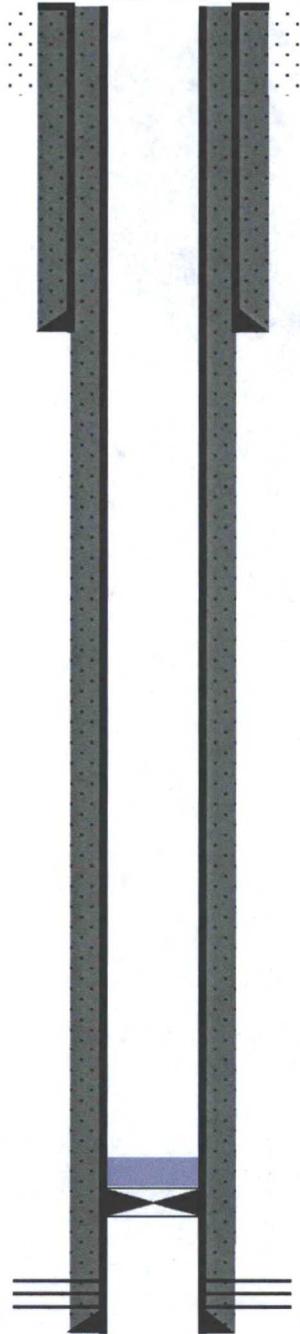
For State Use Only
APPROVED BY Mary Jo Brown TITLE Dist Supervisor DATE 5/20/2016
CONDITIONS OF APPROVAL IF ANY:

SHU 204

API# 30-025-29411

TWN 19-S; RNG 38-E

Prod - TA'd



8-5/8" 24# @ 1616'
cmt'd w/1050 sxs
TOC @ Surface (Circ.)

Spot 30' on top of CIBP @ 3990'

5-1/2" 15.5# @ 4146'
cmt'd w/1050 sxs
TOC @ Surface (Circ.)

Plugged Back Perfs: 4040-4146'

PBTD @ 3875'
TD @ 4146'

American Valve & Meter, Inc.

HOBBS OCD

1113 W. BROADWAY
P.O. BOX 166 HOBBS,
NM 88240

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T0: Pate Trucking

DATE: 12/15/15

This is to certify that:

I, Tony Flores Technician for American Valve & Meter Inc.

has checked the calibration of the following instrument.

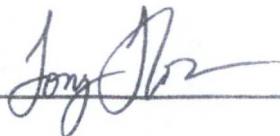
8" Pressure recorder

Ser.# 12517

at these points.

Pressure #			Temperature *or Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	- 0	-	-	-
- 500	-	- 500	-	-	-
- 700	-	- 700	-	-	-
- 1000	-	- 1000	-	-	-
- 200	-	- 200	-	-	-
- 0	-	- 0	-	-	-

Remarks: _____

Signature:  _____