

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

HOBBS OCD
 JUN 26 2017
 RECEIVED

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

WELL API NO. 30-025-07479
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
8. Well Number 231
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3662' DF

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 K : 2310 feet from the South line and 2310 feet from the West line
 Section 30 Township 18-S Range 38-E NMPM Lea County

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input 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: Casing Integrity Test/TA status request <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.

Date of test: 06/13/2017
 Pressure readings: Initial - 520 PSI Ending - 520 PSI
 Length of test: 30 minutes
 Witnessed: NO

This Approval of Temporary Abandonment Expires 6/13/2019 ^{pm}

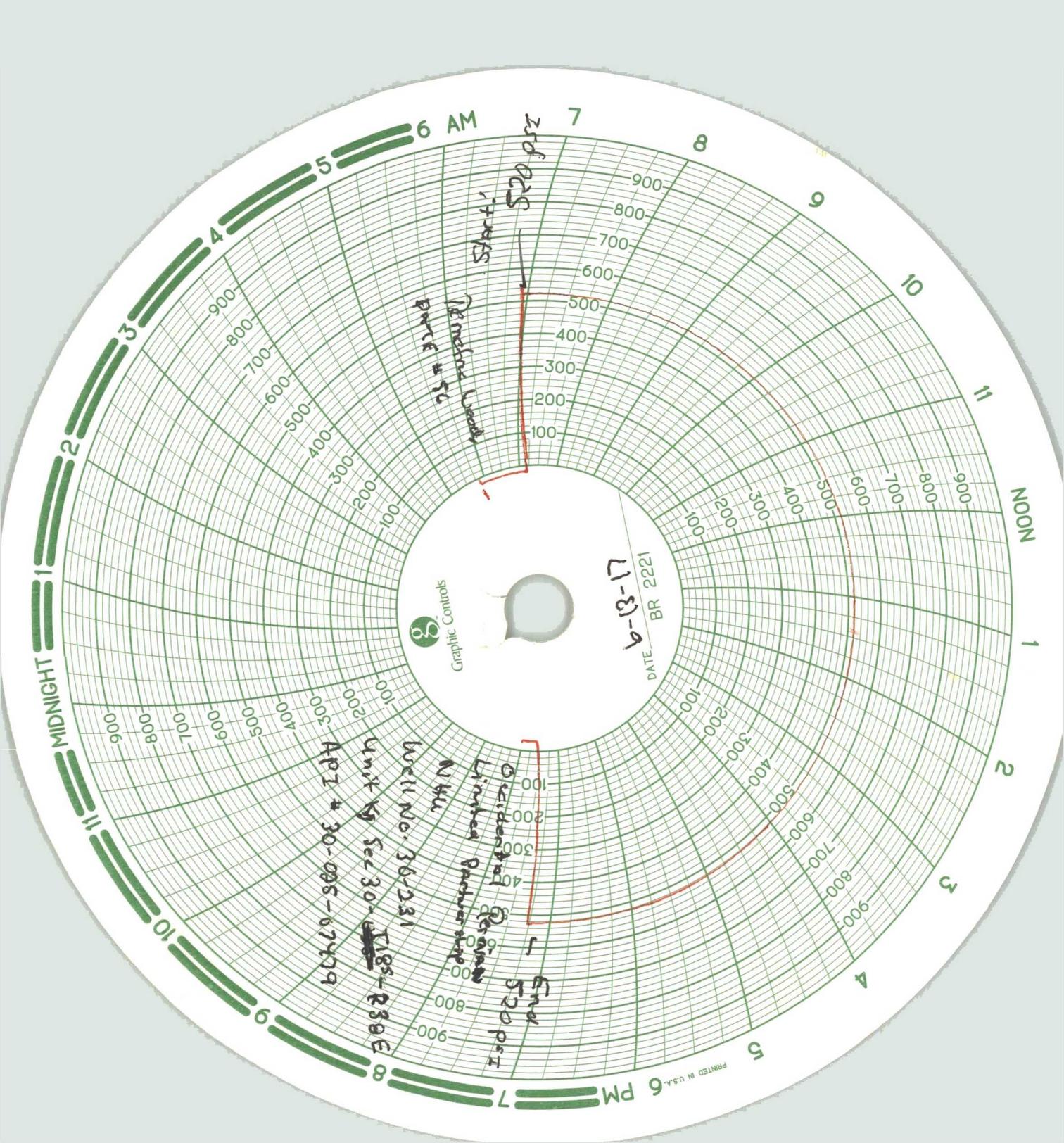
Spud Date: Rig Release Date:

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

SIGNATURE Mendy A Johnson TITLE Admin. Associate DATE 06/20/2017

Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280

For State Use Only
 APPROVED BY: Mary G Brown TITLE AO/II DATE 6/26/2017
 Conditions of Approval (if any):



NHU 30-231

API# 30-025-07479

TWN 18-S; RNG 38-E

Producer - TA'd

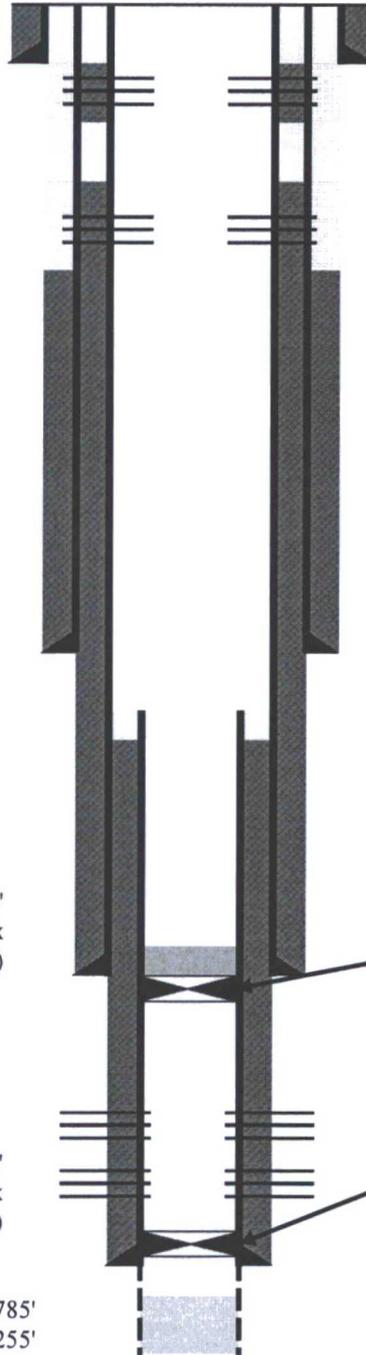
20" (90#) SA 215'
CMT w/ 75 sx (Circ.)

9-5/8" (40#) SA 2750'
CMT w/ 400 sx
TOC at 1690' (Calculation)

7" (24#) SA 3930'
CMT w/ 550 sx
TOC at 1030' (Calc.)

5" (15#) SA 3198'-4200'
CMT w/ 60 sx
TOC at 3190' (TS)

PBTD @ 3785'
TD @ 4255'



TOC at 3776' (44' of cement)
CIBP SA 3820' (100' above top perf)

Open Perfs: 4062-77', 4085-89' (4 spf)
Junk (CIBP) at 4167'
Open Hole: 4200'-55'

SQZ'd Perfs: 943'-55', 1468', 3920-34',
4119-23', 4134-60', 4166-90'

American Valve & Meter, Inc.

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

T0: PATE TRUCKIG

DATE:05/12/17

This is to certify that:

I, R L Larmon, Technician for American Valve & Meter Inc. has checked the calibration of the following instrument.

8" Pressure recorder

Ser# 4842

at these points.

Pressure #			* Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	- 0	-	-	-
- 500	- S	- 500	-	-	-
- 700	- A	- 700	-	-	-
- 1000	- M	- 1000	-	-	-
- 200	- E	- 200	-	-	-
- 0	-	- 0	-	-	-

Remarks: _____

Signature: 