

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 OGD**  
**MAR 22 2019**  
**RECEIVED**

WELL API NO. <b>30-025-28337</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>South Hobbs (G/SA) Unit</b>
8. Well Number <b>133</b>
9. OGRID Number <b>157984</b>
10. Pool name or Wildcat <b>Hobbs (G/SA)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3612.8' GR</b>

**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  
**2611 State Hwy 214 Denver City, TX 79323**

4. Well Location  
 Unit Letter **E** : **1840** feet from the **North** line and **748** feet from the **West** line  
 Section **3** Township **19-S** Range **38-E** NMPM **Lea** County

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	OTHER: Casing integrity test/TA status extension request <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	

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 wellboje diagram of proposed completion or recompletion.

Date of test: 03/18/2019  
 Pressure readings: Initial - 540 PSI Ending - 535 PSI  
 Length of test: 60 minutes  
 Witnessed: Yes - Gary Robinson - NMOCD

**This Approval of Temporary Abandonment Expires 3/18/20**  
**FINAL TA EXT**

Spud Date:  Rig Release Date:

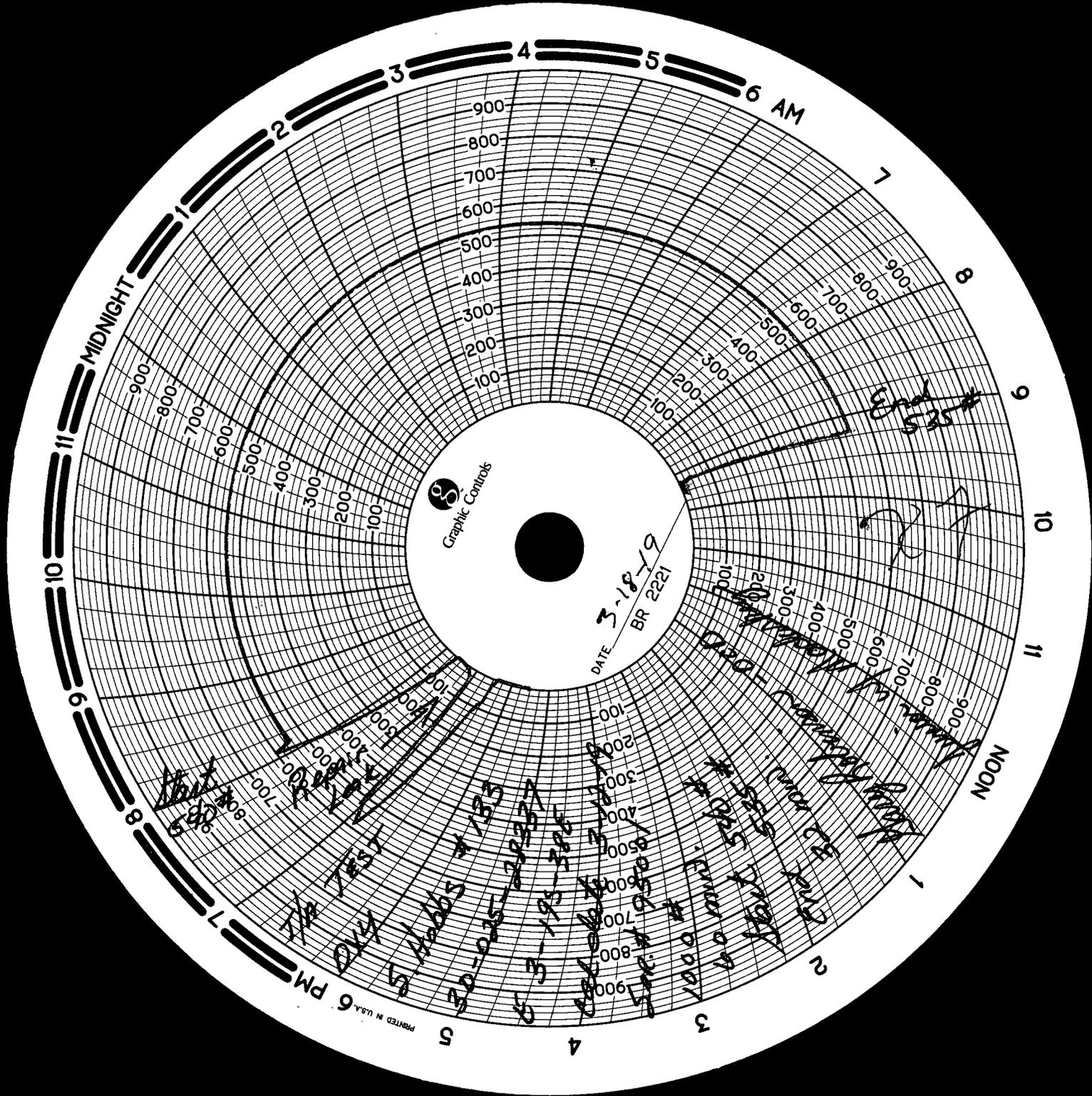
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 03/20/2019

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

**For State Use Only**

APPROVED BY: Kerry Futner TITLE Compliance Officer DATE 4-5-19  
 Conditions of Approval (if any):



Graphic Controls

DATE 3-18-19  
BR 2221

PRINTED IN U.S.A. 6 PM

MIDNIGHT

NOON

6 AM

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