Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources May 27, 2004 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-07364 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE | FEE X Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 North Hobbs G/SA Unit PROPOSALS.) 1. Type of Well: 8. Well Number Oil Well Gas Well Other 241 2. Name of Operator 9. OGRID Number Occidental Permian Limited Partnership 157984 10. Pool name or Wildcat 3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294 Hobbs: Grayburg - San Andres 4. Well Location 330 South 2310 Unit Letter feet from the line and feet from the line Township 18-S Range 38-E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3661' DF Pit or Below-grade Tank Application or Closure Pit type _____ Depth to Groundwater __ ___ Distance from nearest fresh water well _____ Distance from nearest surface water Pit Liner Thickness: ___ Below-Grade Tank: Volume ____ _bbls; Construction Material . 12. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** \square **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING MULTIPLE CASING TEST AND COMPLETION CEMENT JOB Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date See Attachment 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines X, a general permit or an (attached) alternative OCD-approved plan SIGNATURE Mark Stephen __TITLE_Regulatory Compliance Analyst_DATE ___7/19/06 Telephone No (713) 366-5158

OC FIELD REPRESENTATIVE II/STAFF MANAGERS) E-mail address: Mark Stephens@oxy.com Type or print name Mark Stephens For State Use Only

TITLE

APPROVED BY

Conditions of Approval, if any

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_DATE

Page 2 (C-103 Attachment)

Temporarily abandon well as per the following procedure:

- 1) MI x RU. NU BOP and test well.
- 2) POOH with production equipment.
- 3) RIH with 5.5" CIBP and set at 4050'. Cap CIBP with 20' cement.
- 4) Pressure test casing and chart for the NMOCD.
- 5) ND BOP. RD \times MO \times clean location. Leave well with cap flange and pressure gauge.