

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO. 30-025-05502
5. Indicate Type of Lease FED <input type="checkbox"/> 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 No. 121
9. 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned	2. Name of Operator OCCIDENTAL PERMIAN LTD.
3. Address of Operator 1017 W. STANOLIND RD.	4. Well Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>18-S</u> RANGE <u>37-E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3667' DF	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Casing Integrity Test - TA status ☒

12. 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.

TEST DATE: 09/30/03

PRESSURE READING: INITIAL - 560 PSI; 15 MIN - 560 PSI; 30 MIN - 560 PSI

LENGTH OF PRESSURE READING: 30 MIN

TEST WITNESSED: YES

This Approval of Temporary  
Abandonment Expires

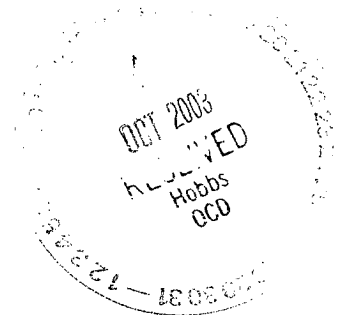
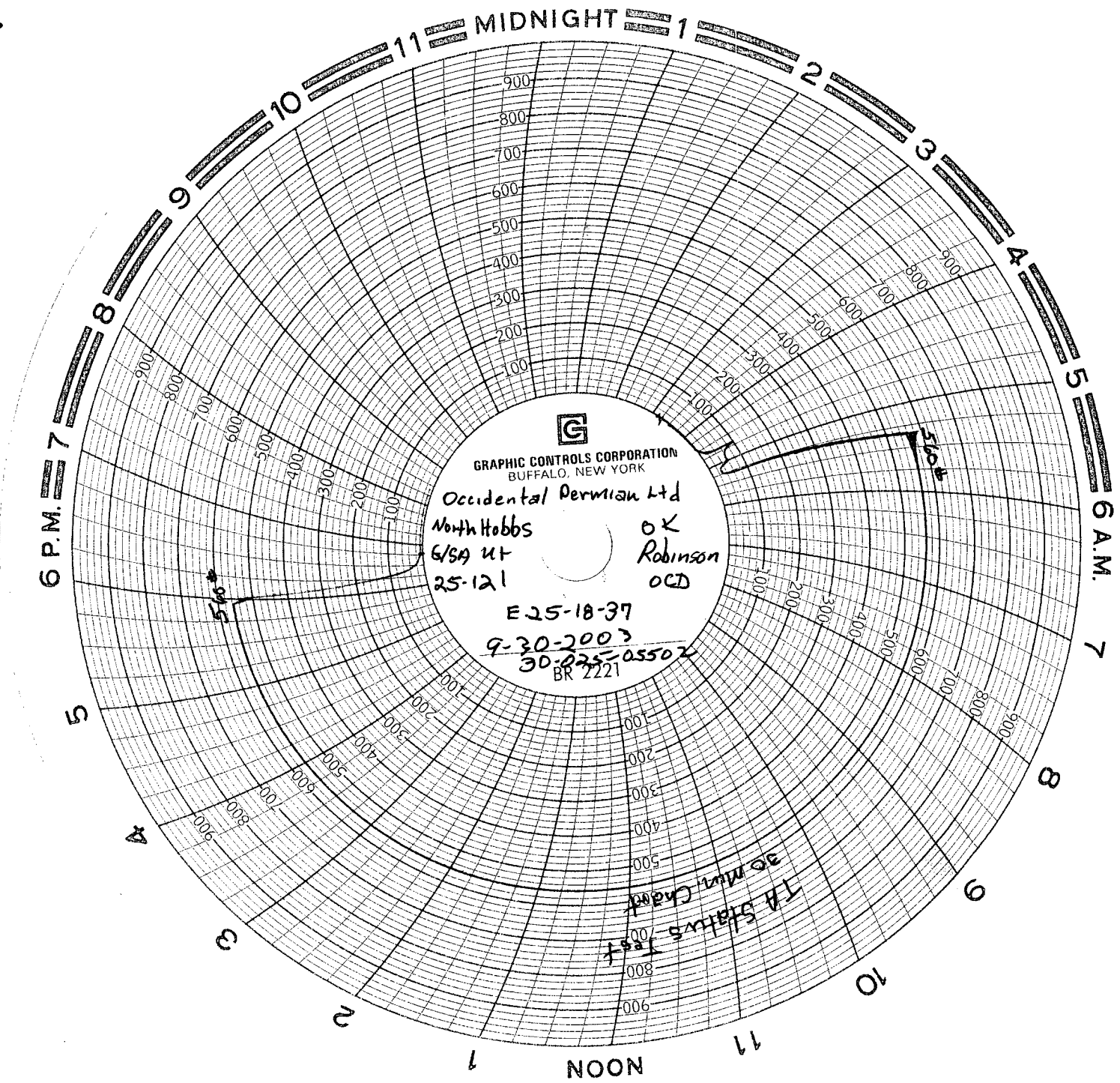
10/16/08

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

SIGNATURE Steve W Jones TITLE ENGINEERING TECH DATE 10/09/03  
TYPE OR PRINT NAME STEVE W JONES TELEPHONE 505/397-8228  
NO.

(This space for State Use)

APPROVED BY Harry W. Wink DISTRICT SUPERVISOR/GENERAL MANAGER DATE OCT 16 2003  
CONDITIONS OF APPROVAL IF ANY:



OCT 16 2003