

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED
APR 30 2009
HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

| | | |
|--------------------------------------|---|---|
| WELL API NO | 30-025-07425 | <input checked="" type="checkbox"/> |
| 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 | North Hobbs (G/SA) Unit <input checked="" type="checkbox"/> | |
| 8. Well No. | 211 | <input checked="" type="checkbox"/> |
| 9. OGRID No. | 157984 | <input checked="" type="checkbox"/> |
| 10. Pool name or Wildcat | Hobbs (G/SA) | <input checked="" type="checkbox"/> |

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| 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 <input checked="" type="checkbox"/> Temporarily Abandoned Inj | 7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit <input checked="" type="checkbox"/> |
| 2. Name of Operator Occidental Permian Ltd. | 8. Well No. 211 <input checked="" type="checkbox"/> |
| 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 | 9. OGRID No. 157984 <input checked="" type="checkbox"/> |
| 4 Well Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> <u>2310</u> Feet From The <u>West</u> Line <input checked="" type="checkbox"/> Section <u>28</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County | 10. Pool name or Wildcat Hobbs (G/SA) <input checked="" type="checkbox"/> |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3649' GL | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 _____ | |

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|---|--|
| 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"/> |
| OTHER: _____ <input type="checkbox"/> | PLUG & ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: _____ Casing Integrity Test/TA Status Request <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Test Date: 04/17/2009

Pressure Reading: Initial - 540 PSI; 15 mi - 550 PSI; 30 min - 570 PSI

Length of pressure test: 30 minutes

Witnessed: Yes - Sylvia Dickey

This Approval of Temporary Abandonment Expires 5-1-2010

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 04/29/2009
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 [Signature] TITLE DISTRICT 1 SUPERVISOR DATE MAY 01 2009
CONDITIONS OF APPROVAL IF ANY:

