State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE **OIL CONSERVATION DIVISION** DISTRICT I 1220 South St. Francis Dr. WELL API NO. 1625 N. French Dr. , Hobbs, NM 88240 30-025-05542 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease 1301 W. Grand Ave, Artesia, NM 88210 STATE [Х FEE DISTRICT III 6. State Oil & Gas Lease No 1000 Rio Brazos Rd, Aztec, NM 87410 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 North Hobbs (G/SA) Unit / DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) Section 36 1 Type of Well: 8. Well No Injection 211 Oil Well Gas Well Temporarily Abandoned 2. Name of Operator 9 OGRID No. 157984 Occidental Permian Ltd. 3. Address of Operator 10. Pool name or Wildcat Hobbs (G/SA) / HCR 1 Box 90 Denver City, TX 79323 4. Well Location Unit Letter C 330 Feet From The North Line and 2310 Feet From The West Line Section Township 18-S 37-E **NMPM** Lea County 11 Elevation (Show whether DF, RKB, RT GR, etc.) 3670' GR Pit or Below-grade Tank Application or Closure Depth of Ground Water 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** CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG & ABANDONMENT** PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB OTHER OTHER: Casing Integrity Test/TA Status Request 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: 05/01/2009 Pressure Reading: Initial – 570 PSI; 15 min – 560 PSI; 30 min – 560 PSI This Approval of Temporary Length of pressure test: 30 minutes Abandonment Expires _ Witnessed: NO 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 TITLE Administrative Associate DATE 05/06/2009 TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy johnson@oxy.com TELEPHONE NO. 806-592-6280 For State Use Only TITLE DISTRICT 1 SUPERVISOR DATE WAY APPROVED BY CONDITIONS OF APPROVAL IF XXY:

