State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103

Revised 5-27-2004 FILE IN TRIPLICATE NSERVATION DIVISION WELL API NO DISTRICT I 1220 South St. Francis Dr. 1625 N. French Dr., Hobbs, NM 88240 30-025-29459 Santa Fe, NM 87505 **DISTRICT II** 5. Indicate Type of Lease 1301 W. Grand Ave, Artesia, NM 88210 STATE X / FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 R10 Brazos Rd, Aztec, NM 87410 7 Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A South Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) 1. Type of Well: 8. Well No. 201 Oil Well Gas Well 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 108 1028 Feet From The Unit Letter H 2310 Feet From The North Line and East 19-S Section Township NMPM 38-E County 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3628' GL Pit or Below-grade Tank Application or Closure Distance from nearest fresh water well ______ Distance from nearest surface water Depth of Ground Water Below-Grade Tank: Volume bbls; Construction Material Pit Liner Thickness 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** CASING TEST AND CEMENT JOB PULL OR ALTER CASING Multiple Completion 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 – 560 PSI; 15 min – 580 PSI; 30 min – 540 PSI This Approval of Temporary 5-11-2010 Length of pressure test: 30 minutes 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 or an (attached) alternative OCD-approved a general permit plan SIGNATURE TITLE Administrative Associate DATE 05/06/2009 TYPE OR PRINT NAME Mendy ohnson E-mail address: TELEPHONE NO. mendy johnson@oxy.com 806-592-6280 For State Use Only

APPROVED BY

CONDITIONS OF APPROVAL MANY.

TITLE DISTRICT 1 SUPERVISOR

DATE

