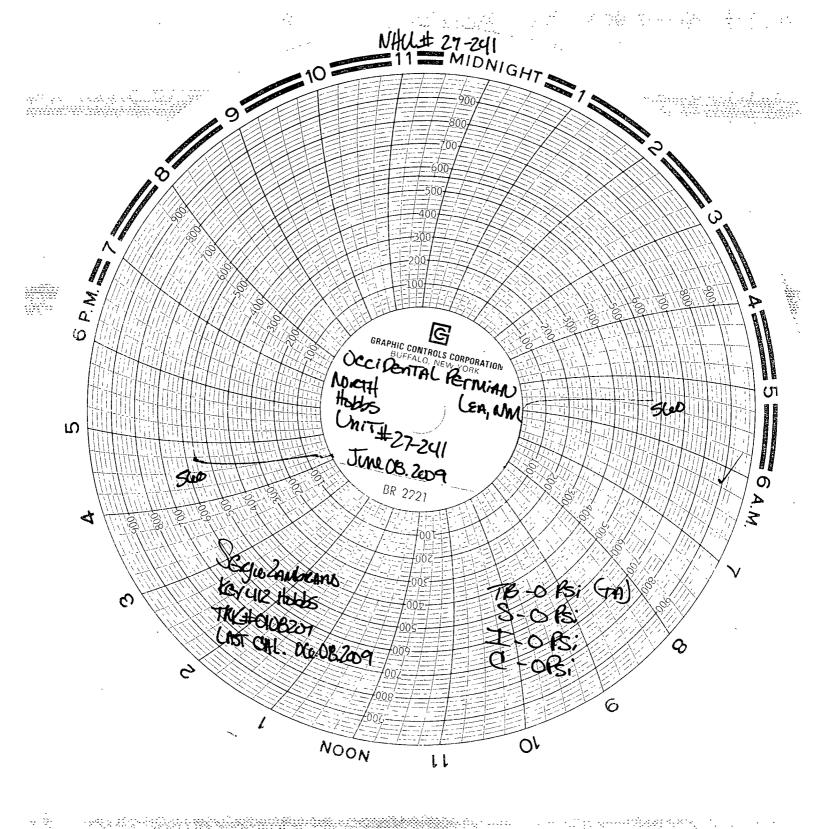
## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE OIL CONSERVATION DIVISION RECEIVE South St. Francis Dr. WELL API NO. DISTRICT I 1625 N French Dr., Hobbs, NM 88240 30-025-07409 anta Fe, NM 87505 5. Indicate Type of Lease DISTRICT II JUN 18 2009 1301 W. Grand Ave, Artesia, NM 88210 STATE FEE X HOBBSOCD 6 State Oil & Gas Lease No. DISTRICT III 1000 Rio 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 North Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) Section 27 8. Well No. 1. Type of Well: 241 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 N Feet From The Feet From The 330 Line and 1325 South West Line 18-S 38-E County 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3643' GL Pit or Below-grade Tank Application or Closure Pit Type \_\_\_\_\_ Depth of Ground Water \_ Distance from nearest fresh water well \_\_\_\_ Distance from nearest surface water \_ bbls; Construction Material \_\_ Pit Liner Thickness \_\_\_ Below-Grade Tank: Volume \_\_\_\_ 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. Tést Date: 06/08/2009 Pressure Reading: Initial – 560 PSI; 15 min – 560 PSI; 30 min – 560 PSI This Approval of Temporary 19-20 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 closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan SIGNATURE TITLE Administrative Associate 06/16/2009 TYPE OR PRINT NAME TELEPHONE NO. Mendy A **J**Johnson E-mail address: mendy johnson@oxy.com 806-592-6280 For State Use Only DISTRICT 1 SUPERVISOR APPROVED BY CONDITIONS OF APPROVAL IF ANY:



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