

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

OIL CONSERVATION DIVISION

RECEIVED

JUN 29 2009

HOBBSOCD

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

WELL API NO.	30-025-07576
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	South Hobbs (G/SA) Unit
8. Well No	7
9. OGRID No	157984
10. 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator 1017 W. Stanolind Rd., Hobbs, NM 88240	
4. Well Location Unit Letter <u>N</u> . <u>660</u> Feet From The <u>South</u> <u>1080</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3613' KB	
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 _____	

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"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	OTHER: <u>Temporarily Abandon</u> <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.

- RU PU AND REV UNIT
- PERFORATE UBING @ 3448'
- RIH W/ IRON PLUG AND TBG, PLUG AT 3873'
- PUMPD 41 BBLS CMNT SQUEEZED OFF @ 400PSI
- PICK UP 4 3/4 BIT, 6-3 1/2 DRILL COLLARS, AND 2 7/8 WORKSTRING @ 972'
- DRILL OUT CMNT RETAINER @ 979-981
- DRILL CMNT TO 1156'
- RESUME IN HOLE W/ BIT TAG @ 4863'
- CIRC HOLE W/ 95 BBLS 10 # PKR FLUID
- 2 SKS CMNT ON PLUG @ 3873'. TOP OF CEMENT 3863'
- RUN MIT CHART ROBERT HARRISON W MNOC D WAS PRESENT  
RU PU 2/06/09 RD PU 3/05/09

This Approval of Temporary  
Abandonment Expires 7-1-2014

U/PER PERM 4086  
GPA 3800 ±

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 NMOC D guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

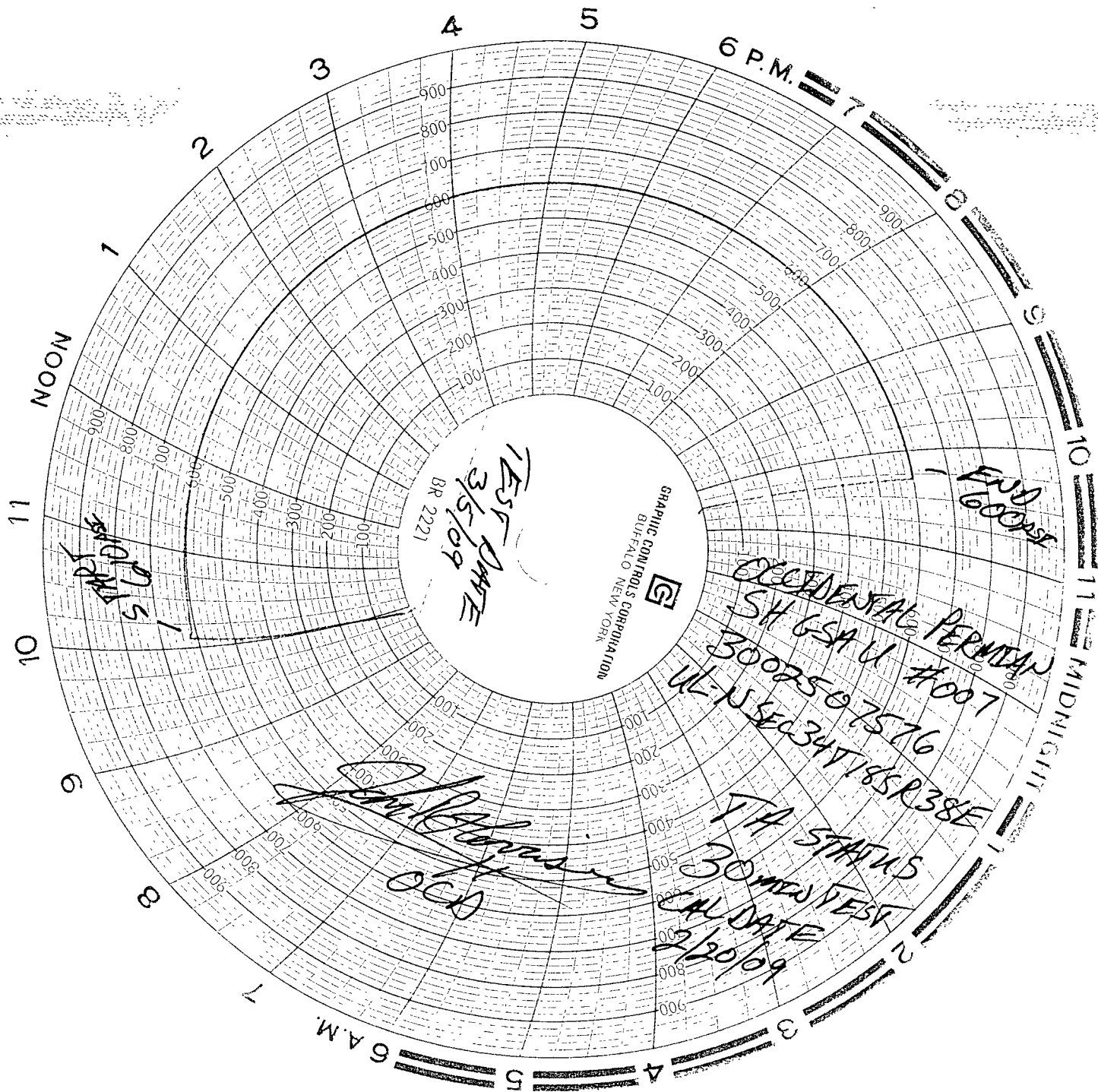
SIGNATURE Rebecca L. Larmon TITLE Administrative Associate DATE 04/15/2009

TYPE OR PRINT NAME Rebecca L. Larmon E-mail address: rebecca\_larmon@oxy.com TELEPHONE NO. 575-397-8247

For State Use Only

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUL 01 2009

CONDITIONS OF APPROVAL IF ANY.



1 EST DME  
3/5/69  
BR 2221

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

END  
6000ft

OCCIDENTAL PERMAN  
SH GSA U #007  
3002507576  
UL-15EC34T18SR38E

VIA STATUS  
30MAYEST  
CAL DATE  
2/20/69

*Paul Blumstein*  
OCD