

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
OCT 09 2009
HOBBSOCD

OIL CONSERVATION DIVISION

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

WELL API NO 30-025-35370
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
8. Well No 613
9 OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>	
1. Type of Well. Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>L</u> <u>1605</u> Feet From The <u>South</u> <u>548</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3674' GR	
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	
<p align="center">NOTICE OF INTENTION TO:</p> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	<p align="center">SUBSEQUENT REPORT OF:</p> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Temporarily Abandon Well</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.

- RUPU & RU. Kill well.
- RU wireline & perforate tubing @4147'. RD wireline.
- ND wellhead/NU BOP.
- POOH w/tubing. Would not pull free. RU HES & spot 1000 gal of 15% acid to top of pump. Flush w/22 bbl. RD HES.
- RU wireline. Free point tubing. 100% free to top of pump. RD wireline.
- POOH w/tubing & ESP equipment.
- RIH w/5-1/2" CIBP set on 106 jts of 2-7/8" tubing. CIBP set @3990' w/20 ft of cement on top. TOC @3970'.
- ND BOP/NU wellhead.
- Test casing to 580 PSI for 30 minutes and chart for the NMOCD. Robert Harrison w/NMOCD on site for test.
- RDPU & RU. Clean location.
- Well is temporarily abandoned.

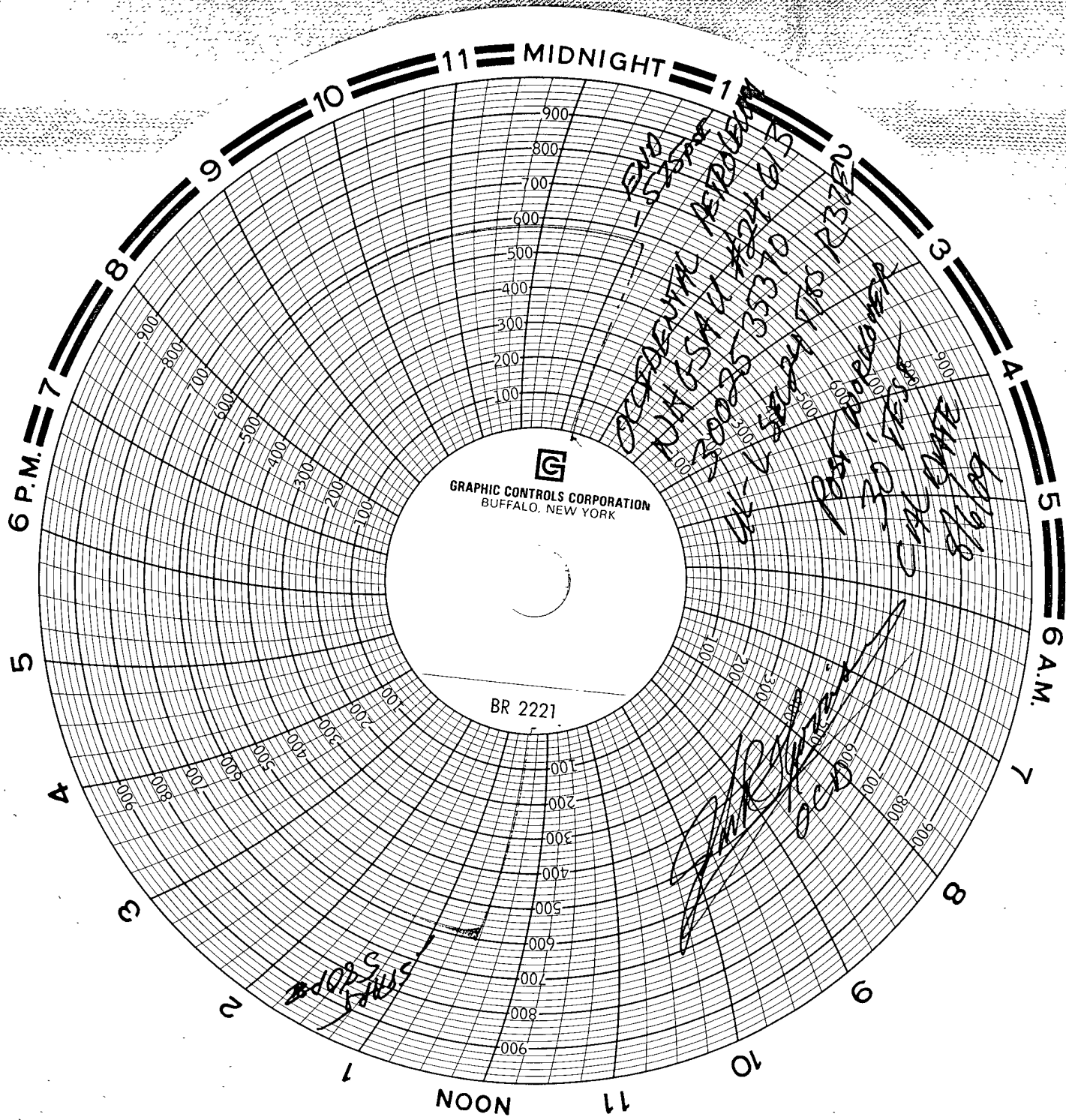
RUPU 09/23/09 RDPU 09/29/09

08/05/2014
This Approval of Temporary Abandonment Expires

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 10/07/2009
 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 Mark Whitaker TITLE Compliance Officer DATE 10/09/2009
 CONDITIONS OF APPROVAL IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221

END
-5000
OCCIDENTAL AIRPORT
N.Y. GSA 11 4024-615
30025-35370
UK-2 5000 785 P372U

Post address
30 1st St
C.M. OMB
8/6/89

STARTS
5:40 PM

BR 2222