

**RECEIVED**

## OIL CONSERVATION DIVISION

FEB 17 2010 1220 South St. Francis Dr.

Santa Fe, NM 87505

**HOBBS**

WELL API NO.

30-025-28361

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name:

South Hobbs

8. Well Number

158

9. OGRID Number

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 ☐Gas Well ☐

Other Temporarily Abandoned

2. Name of Operator

Occidental Permian Ltd

3. Address of Operator

HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter C: 1245 feet from the North line and 2475 feet from the West lineSection 10 Township 19-S Range 38-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3604' GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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.

This Approval of Temporary Abandonment Expires 2-10-2012

See Attachment

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 02/16/2010

Type or print name Mendy A. Johnson

E-mail address: mendy\_johnson@oxy.com

Telephone No. 806-592-6280

For State Use Only

~~OCD FIELD REPRESENTATIVE/STAFF MANAGER~~APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 2-18-10

Conditions of Approval, if any:

Test Date: 02/10/2010

Pressure Readings: Initial - 560 PSI; 15 min - 560 PSI; 30 min - 560 PSI

Length of test: 30 minutes

Witnessed: Yes - John R Harrison - NMOCD

CIBP set @4100' & 4000'

Producing interval: 4030-4232'

