

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
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
APR 06 2010
HOBBSOCD

WELL API NO 30-025-07653
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 South Hobbs (G/SA) Unit
8. Well No. 119
9. OGRID No 157984
10. Pool name or Wildcat Hobbs (G/SA)

SUDDRY 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 type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
2. Name of Operator Occidental Permian Ltd.	8. Well No. 119
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No 157984
4. Well Location Unit Letter C 330 Feet From The North 2310 Feet From The West Line Section 8 Township 19-S Range 38-E NMPM Lea County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3612' GL	
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: Casing Integrity Test/TA Status Request <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.

Test date: 03/27/2010
Pressure readings: Initial - 560 PSI; 15 min - 560 PSI; 30 min - 560 PSI
Length of test: 30 minutes
Witnessed: NO
Packer set @3918' Top perf @4010'

This Approval of Temporary
Abandonment Expires 3-27-2011

Pursuant to the provisions of NMOCD Rule 19.15.25.12 NMAC, Oxy hereby requests an extension of temporary abandonment approval for a period of five years. This well is located in a flank area of the South Hobbs GSA Unit, an active waterflood. This flank area has been identified as having potential for a future EOR CO2 flood. Oxy requests that this well be left in temporary abandonment status while the economic feasibility and design of said expansion is fully evaluated.

If you have any questions regarding this issue contact Jason Sevin at 713-366-5105.

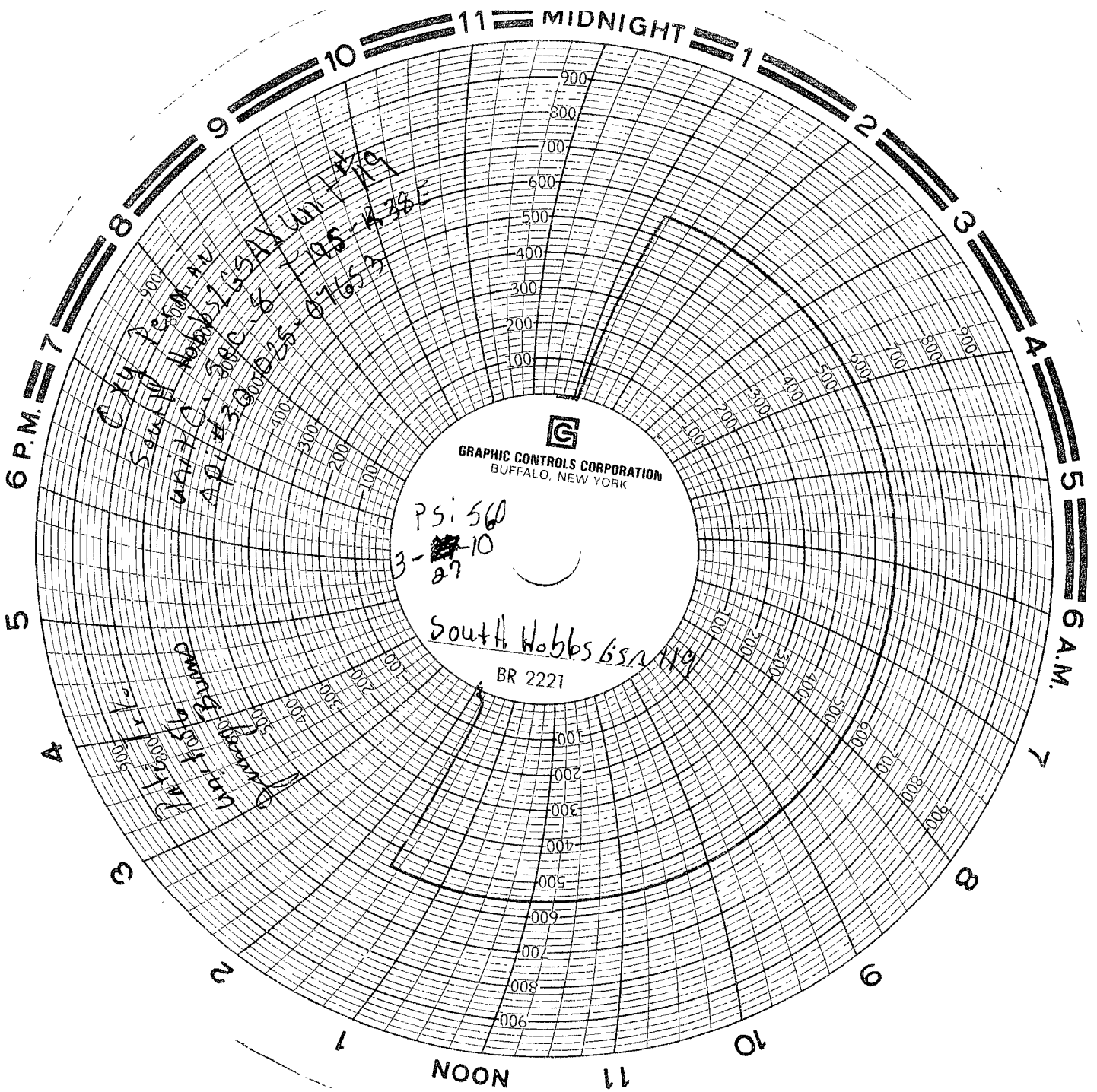
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or

closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE	<u>Mendy A. Johnson</u>	TITLE	<u>Administrative Associate</u>	DATE	<u>03/31/2010</u>
TYPE OR PRINT NAME	<u>Mendy A. Johnson</u>	E-mail address:	<u>mendy_johnson@oxy.com</u>	TELEPHONE NO	<u>806-592-6280</u>

For State Use Only

APPROVED BY	<u>[Signature]</u>	TITLE	<u>STAFF MGR</u>	DATE	<u>4-7-10</u>
CONDITIONS OF APPROVAL IF ANY:					



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

PS: 560
3-10
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South Hobbs LGA
BR 2221