

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I  
1625 N French Dr, Hobbs, NM 88240

RECEIVED

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

DISTRICT II  
1301 W. Grand Ave, Artesia, NM 88210

APR 06 2010

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBSUCD

WELL API NO. 30-025-05471	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 23	<input checked="" type="checkbox"/>
8. Well No. 231	<input checked="" type="checkbox"/>
9. OGRID No 157984	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Hobbs (G/SA)	<input checked="" type="checkbox"/>

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporarily Abandoned <input checked="" type="checkbox"/> Inj	
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>K</u> : <u>2310</u> Feet From The <u>South</u> <u>2310</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County <u></u>	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3678' 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 <u>Casing Integrity Test/TA Status Request</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.

Date of Test: 03/10/2010

Pressure Readings: Initial - 540 PSI; 15 min - 540 PSI; 30 min - 538 PSI

Length of test: 30 minutes

Test witnessed: Yes - Mark Whitaker w/NMOCD

CIBP set @4050' capped w/35' of cement Top perf @4120'

This Approval of Temporary  
Abandonment Expires 3-10-2011

**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 North Hobbs GSA Unit, an active EOR flood. This flank area has been identified as having potential for a future EOR expansion. 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 matter 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

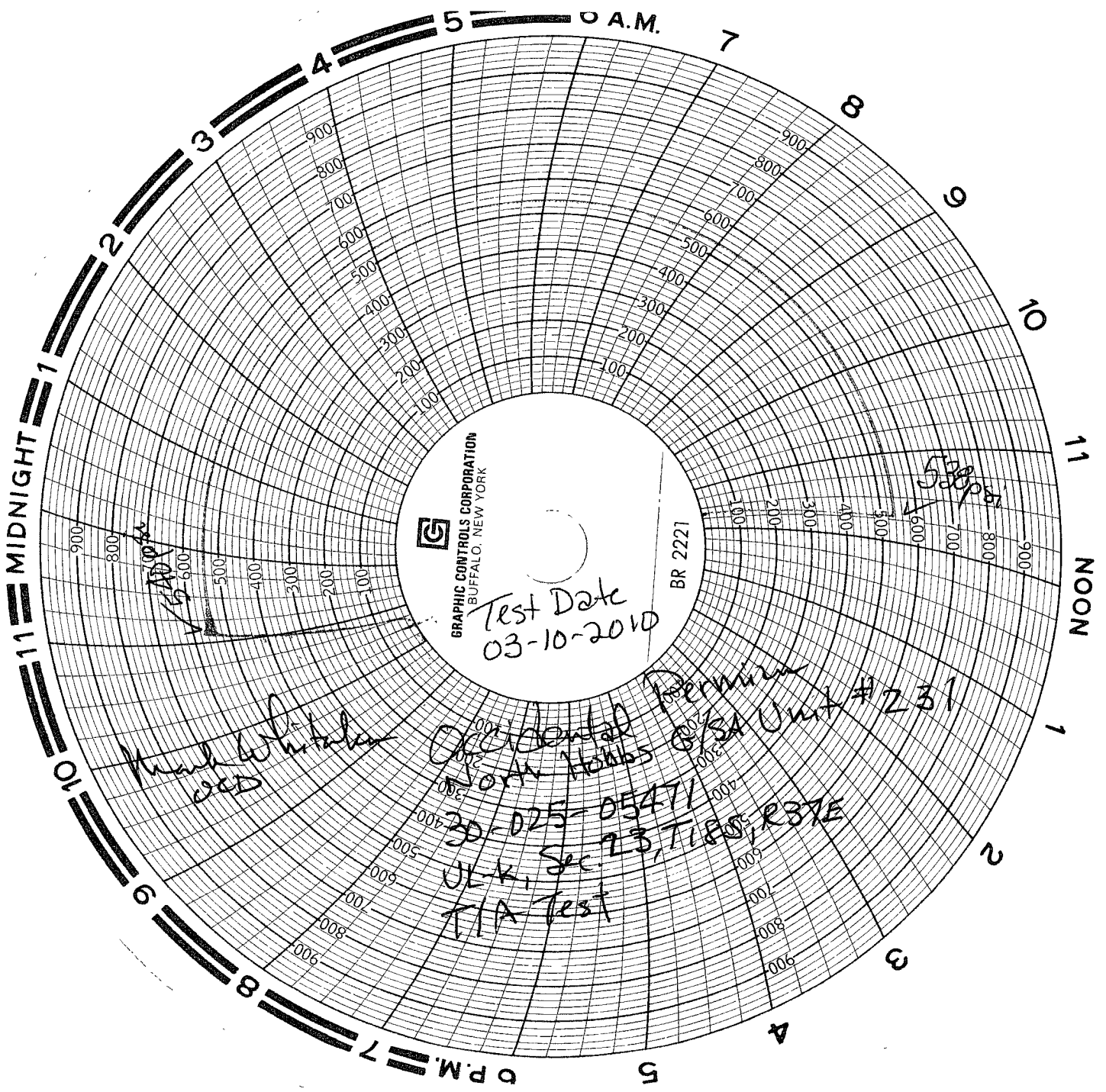
closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 03/17/2010  
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 [Signature] TITLE STAFF MGR DATE 4-8-10

CONDITIONS OF APPROVAL IF ANY:



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

Test Date  
03-10-2010

BR 2221

Handwritten notes: *Handwritten notes*

Handwritten notes: *Handwritten notes*  
30-025-05471  
UL-K, Sec 23, T185, R37E  
TIA Test

Handwritten notes: *Handwritten notes*