

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

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

APR 06 2010

HOBBSCOCD

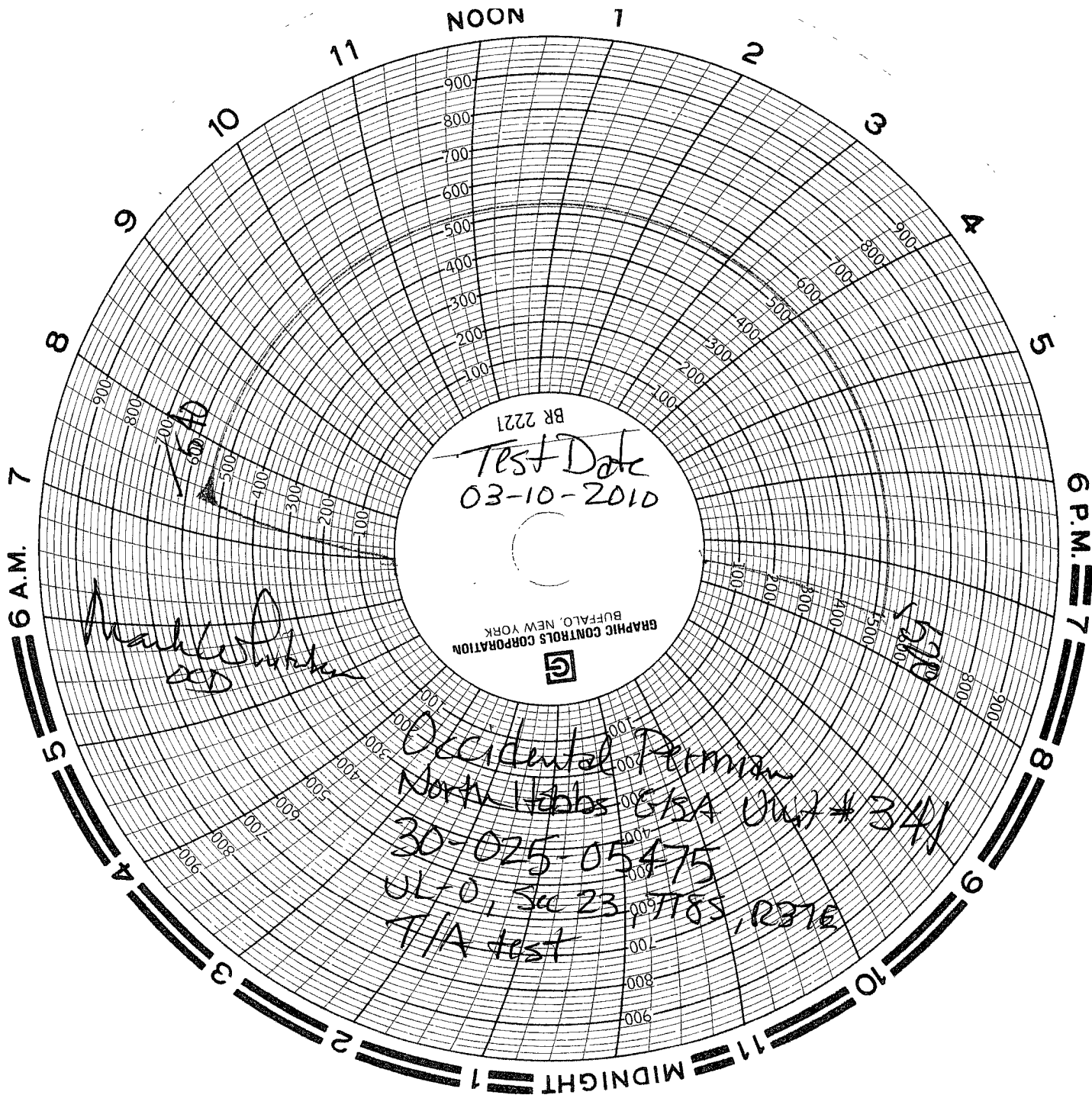
WELL API NO 30-025-05475
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 23
8. Well No. 341
9. OGRID No 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Temporarily Abandoned	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 23
2. Name of Operator Occidental Permian Ltd.	8. Well No. 341
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No 157984
4. Well Location Unit Letter O 990 Feet From The South 1650 Feet From The East Line Section 23 Township 18-S Range 37-E NMPM Lea County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3671' 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: 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: _____	SUBSEQUENT REPORT OF: 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: 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: 03/10/2010
Pressure Readings: Initial - 540 PSI; 15 min - 530 PSI; 30 min - 520 PSI
Length of test: 30 minutes
Witnessed: Yes - Mark Whitaker w/NMOCD
CIBP set @4060' capped w/35' of cement Top perf @4125'
This Approval of Temporary Abandonment Expires 3-10-2012
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 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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/>			
SIGNATURE	<u>Mendy A. Johnson</u>	TITLE	Administrative Associate
DATE	03/17/2010	TELEPHONE NO	806-592-6280
TYPE OR PRINT NAME	Mendy A. Johnson	E-mail address:	mendy_johnson@oxy.com
For State Use Only			
APPROVED BY	<u>[Signature]</u>	TITLE	STAFF MGR
DATE	4-8-10		
CONDITIONS OF APPROVAL IF ANY:			



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