

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

MAY 14 2010

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBSDO

WELL API NO. 30-025-35999 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 29 ✓
8. Well No. 944 ✓
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 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>I</u> : <u>1528</u> Feet From The <u>South</u> <u>854</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3644' 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 <input checked="" type="checkbox"/> Temporarily Abandon Well/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.

1. RUPU & RU, ND wellhead/NU BOP, POOH and lay down ESP equipment.

2. RIH w/CIBP set @4956'.

3. RIH w/packer set @4939'. Test casing. Held OK. POOH w/packer.

4. RIH w/2<sup>nd</sup> CIBP set @4935'. Dump 42 foot of cement on top. TOC tagged @4891'.

5. ND BOP/NU TA wellhead.

6. Test casing to 550 PSI and chart for the NMOCD.

7. RDPU & RU. Clean location. Well is temporarily abandoned.

Pursuant to the provisions of NMOCD Rule 19.25.12 NMAC, Oxy herby requests approval to place NHU 29-944 in temporary abandonment status for a period of 5 years. The well is a horizontal completed in an upper San Andres zone which is currently outside of our targeted EOR flood interval. This upper zone has been identified as having potential for a future EOR expansion. As the artificial lift pump in this well has failed, Oxy requests that the well be placed in temporary abandonment status while the economic feasibility and design of said expansion is fully evaluated.

RUPU 04/15/10 RDPU 04/20/10

This Approval of Temporary  
Abandonment Expires 4-20-2015

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 ☐

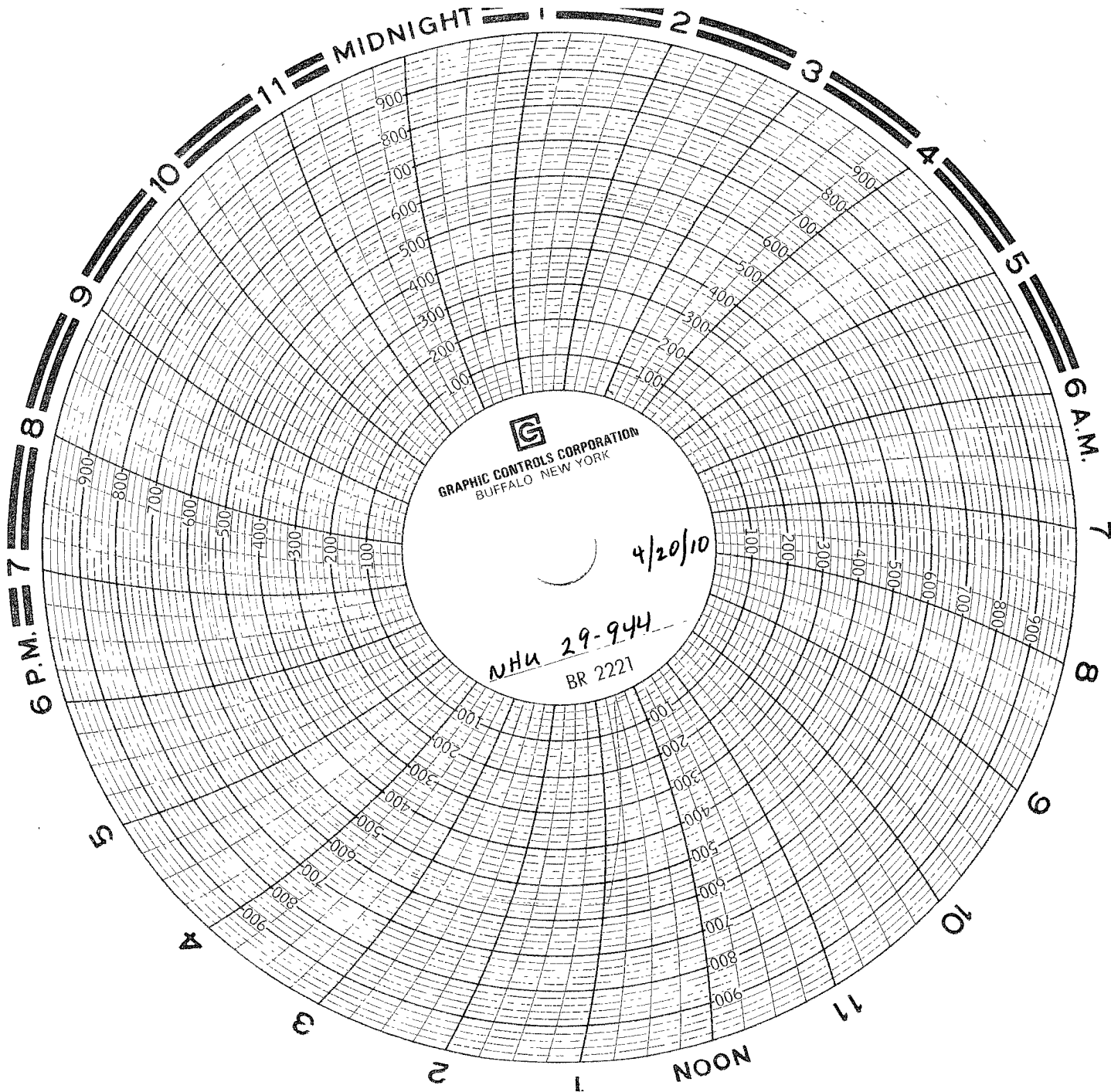
SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 05/12/2010

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 5-17-10

CONDITIONS OF APPROVAL IF ANY.



PATE CHART NUMBER

TRUCKING

SERIAL # 32X9

D-1000#

CAL. DATE 2/19/10

NHSAU - 29-944

API # 30-025-35999

SEC. 29, T-18-S, R-38-E