Submit I Copy To Appropriate District State of New M.	exico Form C-103
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	THE PROPERTY.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 SEP 1 2 2015 CONSERVATION District III - (505) 334-6178	N DIVISION 30-025-29906
District III - (505) 334-6178 1220 South St. Fra	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 81440 District IV - (505) 476-3460 Santa Fe, NM 8	STATE A FEE
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87440 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	7505 6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) F	UG BACK TO A North Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 343
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984
3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323	
4. Well Location	
	e and1550feet from theEastline
Section 32 Township 18S	Range 38E NMPM Lea County
11. Elevation (Show whether DR 3637.9' (KB)	P, RKB, RT, GR, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT JOB
DOWNHOLE COMMINGLE	
OTHER:	OTHER:
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
1) MIRU PU 2) POOH with ESP	During this procedure we plan to use
3) Clean out wellbore to TD @4370'	the closed-loop system with a steel
4) Perf 4060-4312' (gross interval)	tank and haul contents to the required
5) Acidize all pay	tank and naul contents to the required
6) Scale squeeze well	disposal per ODC Rule 19.15.17
7) RIH with ESP	
8) Return well to production	
Spud Date: Rig Release D	
Spud Date: Rig Release D	ate:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
$A \sim$	
SIGNATURE TITLE Production Engineer DATE 9/8/2016 .	
Type or print nameConor McGinnis E-mail address: conor_mcginnis@oxy.com PHONE: 713-825-0902	
For State Use Only	
APPROVED BY: Y CALLY STAWN TITLE DUST SUPERVISOL BATE 9/15/2016	
Conditions of Approval (if any):	