Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013		
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 BBS OCD District II – (575) 748-1283 811 S. First St. Artesia NM 88210 OIL CONSERVATION DIVISION			WELL API NO.		
			30-025-12504		
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd. Aztec. NM 87410)r 5.	5. Indicate Type of Lease		
Conto Ea NIM 97505			STATE A F	EE	
1220 S. St. Francis Dr., Santa Fe, NRECEIVED 87505			State Off & Gas Lease P	NO.	
SUNDRY NOTICES AND REPORTS ON WELLS			Lease Name or Unit Ag	reement Name	
(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.)			North Hobbs (G/SA)	Unit	
1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned		illuolleu	Well Number 532		
Name of Operator Occidental Permian, Ltd				57984	
3. Address of Operator		10	10. Pool name or Wildcat		
HCR 1 Box 90 Denver City, TX 79323			Hobbs (G/SA)		
4. Well Location	O fact from the North	line and 1650) fact from the E	ast line	
Section 32 Township 18-S Range 38-E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
3638' GL					
			The state of the s		
12. Check Appropriate the control of	oriate Box to Indicate Nature	of Notice, Rep	oort or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				NG CASING	
TEMPORARILY ABANDON					
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM					
OTHER: TA status extension 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
proposed completion of recompletion.					
Run MI test to gain extension on temporary abandoned status.					
	Condition of Approval: notify				
OCD Hobbs office 24 hours					
prior of running MIT Test & Chart					
Spud Date:	Rig Release Date:				
Spud Date.	Rig Release Date.				
I hereby certify that the information above i	s true and complete to the best of	my knowledge and	d belief.		
7 00	>-0				
SIGNATURE Mendy	Admin. Ass	ociate	DATE 10	0/04/2016	
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280					
For State Use Only					
APPROVED BY: Maley Stolow Title Dist. Supervisor DATE 10/13/2016					
Conditions of Approval (if any)					
NO PRODUCTION REPORTED IN 87 MONTHS					
<u>o i </u> MONTHS					